



COUNTY BOROUGH OF READING.

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1931.

INDEX.

	Page		Page
Ambulance Facilities	20	Infantile Mortality	6, 12, 36
Ante-Natal Clinic	42, 43	Infantile Mortality (Table of) ...	40
Anterior Poliomyelitis	24	Infant Consultation Centres ...	38, 39
Bacteriological Laboratory Work	20	Infant Life Protection	41
Battle Hospital	25	Infectious Diseases and control of	6, 21
Births, Birth Rates	5, 11	Infectious Diseases (Table of Notifi-	
Blind Persons Act, 1920	44, 45	cations)	23
Canal Boats	49	Local Acts, Bye-laws, etc. ...	20
Cancer	16	Local Government and other Officers	
Caravans	49	Superannuation Act, 1922 ...	53
Caversham District Nursing Associa-		Marriage Rate	11
tion	18	Maternal Mortality	37
Cerebro-Spinal Fever	24	Maternity and Child Welfare 7, 36—41	
Chemical Analyses	20	Maternity and Nursing Homes ...	20
Children Act, 1908	41	Meals, Provision of	78
Clinics and Treatment Centres ...	18	Measles	22
Common Lodging Houses	47	Meat Inspection	51
Comparative Statistics in different		Medical help, Records of Sending for	41
areas	12, 13		
Co-ordination of Health Services ...	65	Medical Inspection :—	
Deaths, death rates	5, 11	(a) Elementary Schools	67
Deaths, Causes of and Ages at	16, 17	(b) Routine Medical Inspections	89
Deaths in Public Institutions ...	12	(c) Elementary Schools, Return	
Deaths, Table of	14, 15	of Defects	90, 91
Dellwood Maternity Home	43, 44	(d) Secondary Schools	89
Dental Clinic	73, 74	(e) Co-operation of Parents ...	78
Diphtheria	24, 27	(f) Co-operation of Teachers ...	78
Disinfection	27	(g) Co-operation of Voluntary	
Drainage and Refuse Disposal ...	46	Bodies	79
Ear, Nose and Throat Clinic ...	72	(h) Co-operation of Welfare Visitors	78
Education Committee's Clinics ...	18		
Employment of Children and Young		Medical Inspection, Findings of :—	
Persons	79	Crippling Defects and Deformities	69
Encephalitis Lethargica	24	Dental Defects	69
Enteric Fever... ..	24	Ear Disease and Hearing ...	69
Exceptional Children, Census of	92, 93	External Eye Disease	68
„ „ Clinic for	80	“ Following-up ”	70
Factories and Workshops Acts ...	48	Heights and Weights, average ...	69
Fees paid to Medical Practitioners	41	Infectious Diseases	70
Food and Drugs Acts, Sale of ...	50	Nutrition	69
Food, Inspection and Supervision 7, 50		Minor Ailments	68
Food, Unsound, Seized or Surrendered	52	Skin Diseases	68
Gas Regulation Act, 1920	53	Tonsils and Adenoids	68
General Provision of Health Services 6, 17		Tuberculosis	68
Health Visiting Summary	38	Uncleanliness	67
Hospital Accommodation, Summary	17	Vision	68
Housing	7, 53—56		
„ Clearance Areas	54	Medical Treatment :—	
Houses let in Lodgings	55	Dental Clinic	73, 74
Ice Cream Shops, Kitchens, Food		Dental Defects	96
Stalls, etc.	52	Diastolisation	73

INDEX—continued.

	Page.		Page.
Nose and Throat	96	Sanitary Circumstances of the Area	45
Ionisation	73	Sanitary Inspection of the Area ...	47
Minor Ailments	71, 95	Scarlet Fever	24, 26
Skin Disease	95	School Baths	77
Tonsils and Adenoids	71	School Clinic	66
Tuberculosis	71	School Hygiene	65, 66
Uncleanliness	96	Secondary Schools	89
Defective Vision and Squint ...	95	Secondary Schools (Table shewing number of children examined and defects found)	97
Members of Committees	4, 60	Sewage Disposal	46
Mental Deficiency Regulations, 1928	98	Slaughterhouses	51
Mental Welfare	56, 67	Small-Pox	21
Merchandise Marks Act, 1926 ...	52	Smoke Abatement	49
Midwives, Supervision of	41	Staff	10, 63
Milk (Mothers and Children Order, 1919	41	Stammerers' Clinic	85
Milk (Tuberculous)	51	Statistical Summary	9, 64
„ (Special Designations) Order, 1923	50	Special Inquiries :—	
Miscellaneous Examinations of student teachers, employed children, etc	80	Child guidance	86
National Society for Prevention of Cruelty to Children	79	Stammering	84
Neo-natal Mortality	36	Special Schools :—	
Notification of Births Act, 1907 ...	38	After-Career Table	84
Nursing in the Homes	18	Mentally Defective School	82, 83
Nursing Homes Registration Act, 1927	20	Physically Defective School ...	82
Offensive Trades	49	Open-Air School	82, 83
Open-Air Education	77	Nursery Schools	88
Ophthalmic Clinic	71	Still-births	11
Ophthalmia Neonatorum	38	Suicides	17
Orthopaedic Clinic	81	Theatres and Cinemas	50
Overcrowding... ..	54	Tuberculosis	17, 28
Park Hospital	26	Tuberculosis Dispensary Care	
Physical Training	75, 76	Association... ..	34
Poor Law Medical Service	19	Tuberculosis Pavilions	31
Population	5, 11	Tuberculosis Regulations, 1930 ...	32
Premises and Occupations controlled by Bye-Laws or Regulations ...	47	„ Officer, report of	29
Puerperal Fever and Puerperal Pyrexia Regulations, 1926 ...	37	„ Sanatorium Treatment	30
Queen Victoria Nursing Institute ...	18	„ Shelter Treatment	30
Rainfall	46	„ Supplemental Return	33
Rats and Mice (Destruction) Act 1919	50	Typhoid and Paratyphoid Fever ...	24
Reading Council of Nursing Services	18	Vaccination	21, 22
Red Cross Orthopædic Fund	79	Venereal Diseases	35
Refuse Disposal	46	Violent Deaths	17
Royal Berkshire Hospital	15	Vital Statistics	5, 11
		Water Supply	45
		Whitley Small Pox Isolation Camp	15
		Whitley Special School	81

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MATERNITY AND CHILD WELFARE COMMITTEE.

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Non-Members of the Council.

Miss M. MAPLESDEN, M.A.

Mrs. K. SHORTER.

Mrs. F. F. WHITLEY.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING,
April, 1932.

**TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF READING.**

Ladies and Gentlemen,

I beg to submit the annual report on the health and sanitary circumstances of the borough for the year 1931.

The report is a statutory duty placed upon the medical officer of health by the Sanitary Officers' Order, 1926. At the request of the Ministry of Health the report for 1930 contained much detailed matter regarding the health services of the area which it is unnecessary to repeat this year.

Vital Statistics.

Population. The census was taken during the year when the population of the borough was found to be 97,153 persons. The population at the preceding census taken in 1921 was 92,278 persons. The increase of 4,875 during the decennium represents a rate of increase of 5·2 per cent. of the population.

The census last year was taken during the vacation of the University and the various residential schools, so that the number of persons normally resident in the borough is considerably in excess of that found by the census.

The estimate of the population at the middle of the year supplied by the Registrar-General is 97,550, which by the exclusion of 250 non-civilians gives a nett population of 97,300 assigned to Reading. The last figure is used for the purpose of all calculations given in this report.

Birth Rate. The birth rate of 15·1 per 1,000 of the population is higher than that of the two previous years.

Death Rate. The crude death rate for the borough during 1931 was 12·0 per 1,000 persons living. If the death rate is corrected for the age and sex distribution of the population the standardized death rate becomes 10·5 per 1,000 of the population. These rates have become practically

stabilized during the past 10 years. When it is considered that there is an increasing proportion of persons at the more advanced ages and that the trend of the birth rate is gradually downwards it is unlikely that any further material reduction in the death rate will be effected.

Infantile Mortality. The death rate of infants under one year was 44·6 per 1,000 births. Only once previously, in the year 1927 has a lower rate been recorded. Included in the present return are the deaths of two infants whose bodies were found in the borough and whose parentage was unknown.

General Provision of Health Services in the Area.

A summary of all hospital and other auxiliary medical services is included in the report. Attention has previously been drawn to the very extensive hospital and other medical services for which the council is directly responsible.

An agreement has now been completed between the council and the Royal Berkshire hospital by which the hospital in consideration of an annual grant undertakes the maintenance and treatment of cases of non-pulmonary tuberculosis and orthopaedic cases for which the council is legally responsible.

The hospital further agrees to establish an out-patient clinic for functional nervous disorders to implement the provisions of the Mental Treatment Act, 1930.

The co-operation between the voluntary and municipal hospitals is further extended in the undertaking by the Royal Berkshire hospital to pay the cost of maintenance and treatment of their contributors who are transferred under agreement to Battle hospital.

Prevalence of, and Control over, Infectious Diseases.

Details of a limited outbreak of smallpox which occurred in the early part of the year were described in the last annual report.

Except for a fairly extensive epidemic of measles, the prevalence of the usual infectious diseases was much below the average of recent years.

It is gratifying to report a notable decrease in the numbers of notifications of tuberculosis and of the deaths due to this disease. The fatal cases of pulmonary tuberculosis were fewer than in any previous year in Reading.

The returns of the venereal diseases clinic show that the number of Reading cases of syphilis are higher and the number of gonorrhoea patients lower than in the previous year. Cases of syphilis include both the earlier and later stages of the disease.

Maternity and Child Welfare.

The work of the maternity and child welfare committee continues to meet with increasing success. Each year the attendances at the various infant welfare centres show a substantial increase. During the year 1931 new attendances numbered 1,256 and re-attendances reached the formidable total of 31,696. When it is considered that these arrangements have been developed in premises not designed for the purpose and with no other compulsion than the desire of mothers to benefit their children, the success of this great educational movement is remarkable.

It will also be seen that the maternal mortality rate to which the committee has given special consideration continues to compare favourably with that of other parts of the country.

The number of patients admitted to Dellwood during the year, namely 255, has only twice been exceeded since the opening of the home. Dellwood continues to meet successfully the purposes for which it was designed in providing for those patients whose housing or other circumstances would preclude them from making the necessary arrangements for themselves.

I regret to record the loss by death to the maternity and child welfare department of Miss E. A. Boddon, who had been for the past 13 years one of our most enthusiastic infant welfare visitors.

Two new infant welfare visitors have been appointed during the year.

Inspection and Supervision of Food.

The inspection and supervision of food and places where food is prepared has been continued as before. The inspectors report that increasing attention is being given to the quality and cleanliness of articles of food offered for sale.

Three prosecutions for offences under the Sale of Food and Drugs Acts were undertaken during the year.

The examination of milk for the presence of living tubercle bacilli confirms the experience of previous years that approximately 10 per cent. of non-designated milk can be expected to contain these organisms. As a large proportion of such milk is subjected to a process of pasteurization though not sold as pasteurized milk the danger of infection from this source is to that extent minimized.

Housing.

The principal features of the work of the housing committee during the year have been the erection of 280 houses on the housing estate at Whitley, 154 of which were commenced and completed during the year, and the closure and demolition of some of the old insanitary houses in the centre of the town.

The committee has completed all the procedure in respect of three clearance areas in the Coley district which together with demolition orders made in respect of certain individual houses has involved the closure and demolition of 90 of these old houses during the year.

A fourth clearance order in respect of a further 23 houses in the Coley area awaits the confirmation of the Ministry of Health.

Although some old historical associations of the borough will pass with these properties the houses possessed no architectural grace or beauty and had long outlived their usefulness as dwellings. The area appears to have had a doubtful reputation on sanitary grounds dating as far back as the year 1850 when an inquiry in this regard was held under the first Public Health Act.

Notwithstanding the rapid extension of the Whitley estate the arrears of house building have not yet been overtaken. Cases of overcrowding and claims on medical grounds for preferential treatment in the letting of houses are constantly being received by the health department. The assessing of these claims presents a very genuine difficulty on account of the numbers and of the real hardship which the conditions of the claimants usually involves.

I should like to express my indebtedness to all members of the staff for the zeal and loyalty with which they have carried out their duties.

I am,

Your obedient servant,

H. J. MILLIGAN,

Medical Officer of Health.

Statistical Summary, 1931.

Area of borough (in acres)	...	...	...	...	...	9,106
Population (Census 1931)	...	...	...	...	...	97,153
Number of inhabited houses (approximate) 1931	...	...	...	...	...	24,000
Number of families or separate occupiers (approximate) 1931	...	...	...	...	...	27,000
Rateable value (October 1931)	...	...	...	...	...	£703,053
Sum represented by a penny rate (October 1931)	...	...	...	...	...	£2,820
Number of births registered	...	...	...	...	...	1,477
Legitimate	...	...	...	...	...	1,400
Illegitimate	...	...	...	...	...	77
Nett birth rate (per 1,000 of the population)	...	...	...	...	...	15.1
Average birth rate, preceding ten years	...	...	...	...	...	16.7
Number of deaths registered	...	...	...	...	...	1,169
Crude death rate (per 1,000 of the population)	...	...	...	...	...	12.0
Standardized death rate (per 1,000 of the population)	...	...	...	...	...	10.5
Average crude death rate, preceding ten years	...	...	...	...	...	12.0
Number of persons married	...	...	...	...	...	1,688
Marriage rate (per 1,000 of the population)	...	...	...	...	...	17.2
Number of infant deaths (under one year)	...	...	...	...	...	66
Infant mortality rate (per 1,000 births) :—						
Legitimate	...	...	...	...	...	42.1
Illegitimate	...	...	...	...	...	90.9
Total infant mortality rate (per 1,000 births)	...	...	...	...	...	44.6
Average infant mortality rate, preceding ten years	...	...	...	...	...	57.8
Tuberculosis death rate (per 1,000 of the population)	{ All forms Pulmonary					0.87 0.69
Average tuberculosis death rate (preceding 10 years)	{ All forms Pulmonary					1.06 0.93
Number of women dying in, or in consequence of, child-birth :—						
From sepsis	...	...	...	...	...	1
From other causes	...	...	...	...	...	3
Deaths from measles (all ages)	...	...	...	...	...	11
Deaths from whooping cough (all ages)	...	...	...	...	...	3
Deaths from diarrhoea (under 2 years of age)	...	...	...	...	...	5

STAFF.**Medical Officer of Health.**

H. J. MILLIGAN, M.C., M.D., D.P.H.,
of Gray's Inn, Barrister-at-Law.

Tuberculosis Officer.

H. R. MINKLEY, M.R.C.S., L.R.C.P.

Medical Officers (part time) Maternity and Child Welfare.

AGNES BERNFELD, L.S.A., D.P.H.
SIDNEY GILFORD, M.B., Ch.B.

Visiting Medical Officer (part time) Park Hospital.

E. W. ROWLAND, B.A., M.R.C.S., L.R.C.P.

Medical Superintendent, Battle Hospital.

D. CYRIL THOMAS, M.R.C.S., L.R.C.P.

Resident Assistant Medical Officer, Battle Hospital.

C. PONIEDEL, M.B., Ch.B.

Medical Officer, Caversham district of Reading (Public Assistance).

G. H. CHEYNEY, M.R.C.S., L.R.C.P.

Public Vaccinator, Reading and Caversham Districts.

F. W. STANSFIELD, M.D., D.P.H.

Public Vaccinator, Tilehurst District of Reading.

B. B. HOSFORD, M.B., B.Ch.

Public Analyst.

JAMES THOMPSON, D.Ph., F.I.C.

Chief Sanitary Inspector.

* † JAMES DODD.

Assistant Sanitary Inspectors.

* P. B. BROCK.
† * W. E. BOND.
* E. L. W. GEEN.
* G. G. GARDINER.

Chief Clerk and Vaccination Officer.

* G. S. HAWTHORNE.

Clerks.

D. W. L. GOODALL.
Miss J. ROBSON SMITH (Tuberculosis Dispensary).
Miss N. HULBERT (Maternity and Child Welfare Department).
Miss K. CLAYDON-SMITH.
E. A. SELLAR.
F. A. K. STREETER.

Chief Lady Health Visitor, Inspector of Midwives, and Visitor under the Mental Deficiency Act.

○ * † MISS SARAH DUTTON.

Lady Health Visitors.

‡ MISS M. P. GREEN.
‡ MISS E. A. BODDON. (*Died 14th June, 1931*).
○ * † MISS E. F. WHEELER.
○ * † MISS G. WHITE.
○ ‡ MISS E. V. LEE.
○ ‡ MISS S. PRUDDEN.

Tuberculosis Nurses.

* MISS M. B. WARD.
MISS D. WATSON.

Matron Park Hospital.

MISS SARA MELVIN.

Matron Dellwood Maternity Home.

‡ MISS IDA MAY COOPER.

* *Certificate of Royal Sanitary Institute.*

† *Meat Inspector's Certificate.*

‡ *Certificate of Central Midwives Board.*

○ *Health Visitors' Certificate.*

County Borough of Reading.

VITAL STATISTICS.

Population. The population of the borough as ascertained at the census on the 26th April, 1931, was 97,153. As the census was taken during the vacation of the University and the various residential schools the normal population of the borough will be somewhat higher than the figure arrived at by the census.

The details of the census, including age and sex distribution of the population, classification by occupation, and the details of the housing circumstances will not be available till the end of the present year.

The Registrar-General suggests that the population at the middle of the year might be estimated at 97,550 which should be reduced by the exclusion of 250 non-civilians to a nett figure of 97,300 persons.

Birth Rate. The total number of births registered in the borough during the year 1931 was 1,596. After making correction for the children of non-residents born in the borough and for children of residents born elsewhere the nett number of births assigned to Reading was 1,477, representing a birth rate of 15·1 per 1,000 persons living.

The birth rate is higher than in either of the two preceding years. It is again interesting to note that the children born were almost equally divided in numbers as to sex, namely 737 males and 740 females.

Illegitimate Births. Of the total births registered 77 or 5·2 per cent. of the total were illegitimate. This is rather higher than the average rate for the past ten years which is just under 5 per cent.

Still-Births. By the Births and Deaths Registration Act, 1926, it is now necessary to register the births of still-born children. The number of still-births so registered was 66 being 4·4 per cent. of live births. The proportion of still-births among illegitimate births was 3·3 per cent which it is noteworthy is less than the corresponding total for all births.

Marriage Rate. There were 1,688 persons married during the year. This represents a marriage rate of 17·2 per 1,000 of the population.

Death Rate. After providing for the exclusion of large numbers of non-residents of the borough who died in institutions in the borough and for the inclusion of Reading residents who died in other areas, the number of deaths assigned to Reading during the year 1931 was 1,169 which represents a death rate of 12·0 per 1,000 of the total population living.

The death rate is slightly higher than that of the preceding year but it is slightly lower than the average of recent years. If allowance is made for the fact that the Reading population contains a somewhat higher proportion of persons at the more advanced ages the standardized death rate which would be comparable to the rate for the whole country is 10.5 per 1,000 persons living.

Deaths in Public Institutions. In view of the increased development and public control of institutions for the care of the sick, the record kept annually of the deaths in public institutions is especially interesting. During the past year, no fewer than 552 Reading residents died in such institutions, namely 303 in Battle hospital including those on the public assistance side, 120 in the Royal Berkshire hospital, 27 in Park hospital, and 102 in various mental and other institutions outside the borough.

Infantile Mortality. The number of deaths of infants under one year was 66 which represents a mortality rate of 44.6 per 1,000 live births. Included in this total are the deaths of two infants whose bodies were found in the borough but whose parentage or proper place of assignment was unknown. If these were excluded, the infantile death rate would be 43.3 per 1,000 births, the second lowest ever recorded in Reading.

Comparative Statistics. I again append a record of certain rates which will indicate the health progress of the borough over a long period of years.

TABLE I.

Period.	Birth rate.	Death rate.*	Infantile mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914-23 do.	19.0	12.7	73.2	1.05
1924	17.1	10.7	53.6	0.96
1925	16.0	11.1	56.3	0.79
1926	17.6	12.2	50.5	0.99
1927	15.3	12.3	42.5	0.89
1928	15.4	11.9	53.6	0.84
1929	14.9	14.1	50.5	1.10
1930	14.4	11.4	54.8	0.96
1931	15.1	12.0	44.6	0.69

It will be seen that the death rate after a marked and progressive fall in the earlier years now tends to remain fairly stationary at about 12 per 1,000 of the population.

The phenomenal reduction in the infantile mortality rate is maintained and the tuberculosis death rate for the first time in recent years shows a marked decline.

A further table on page 13 gives an analysis of mortality for the whole country and for certain groups of towns to which have been added the corresponding rates for Reading.

It will be seen that Reading maintains its usual favourable position.

TABLE II.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1931.

(Provisional figures. The mortality rates for England and Wales refer to the whole population but only to civilians as regards London and the groups of towns).

	Rate Per 1,000 Total Population.		Annual Death Rate per 1,000 Population.										Rate per 1,000 births.		Percentage of total deaths.			
	Live Births	Still-births.	All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 yrs.)	Total deaths under 1 year	Causes of death certified by registered Medical Practitioners	Inquest cases	Certified by Coroner after P.M.	No Inquest, causes of death uncertified	
England and Wales	15.8	0.67	12.3	0.01	0.00	0.08	0.01	0.06	0.07	0.36	0.54	6.0	66	91.18	16.17	1.70	0.95	
107 County Boroughs and Great Towns, including London.	16.0	0.67	12.3	0.00	0.00	0.10	0.01	0.07	0.08	0.33	0.48	8.4	71	91.43	5.84	2.24	0.49	
159 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	15.6	0.73	11.3	0.00	0.00	0.07	0.01	0.05	0.05	0.36	0.43	4.0	62	92.17	5.49	1.25	1.09	
London	15.0	0.50	12.4	0.01	0.00	0.03	0.02	0.07	0.06	0.26	0.57	9.7	65	89.52	6.23	4.24	0.01	
READING	15.1	0.68	10.5*	0.00	0.00	0.11	0.01	0.03	0.06	0.29	0.38	3.4	44	92.35	4.00	3.57	0.08	

* "Standardized" Death Rate.

The maternal mortality rates for England and Wales are as follows:—

Per 1000 live births
 " 1000 total births

Puerperal sepsis.	Others.	Total.
1.66 (0.66)	2.45 (1.96)	4.11 (2.62)
1.59 (0.63)	2.35 (1.88)	3.95 (2.51)

N.B. The figures in brackets indicate comparative rates for Reading.

CAUSES OF, AND AGES AT, DEATH, 1931.

CAUSES OF DEATH.					All Ages	0-1	1-	2-	5-	15-	25	35-
All causes. Certified					1168	66	12	19	25	42	39	61
Uncertified					1	—	—	—	—	—	—	—
1	Typhoid and Paratyphoid Fevers ...				—	—	—	—	—	—	—	—
2	Measles				11	1	5	4	1	—	—	—
3	Scarlet Fever				1	—	—	1	—	—	—	—
4	Whooping Cough				3	1	1	1	—	—	—	—
5	Diphtheria				6	—	1	—	3	—	—	1
6	Influenza				29	1	1	—	2	2	1	1
7	Encephalitis Lethargica				—	—	—	—	—	—	—	—
8	Cerebro-spinal Fever				1	—	—	—	1	—	—	—
9	Tuberculosis of Respiratory System ...				68	1	—	1	2	17	10	19
10	Other Tuberculous Diseases				17	—	—	4	3	4	1	2
11	Syphilis				3	—	—	—	—	—	—	1
12	General Paralysis of the Insane				5	—	—	—	—	—	1	1
13	Cancer				160	—	—	1	—	1	1	4
14	Diabetes				20	—	—	—	1	—	—	1
15	Cerebral Haemorrhage				39	—	—	—	—	—	1	—
16	Heart Disease				230	—	—	—	1	3	2	3
17	Aneurism				5	—	—	—	—	—	—	—
18	Other Circulatory Diseases				131	—	—	—	—	—	—	—
19	Bronchitis... ..				68	2	—	—	—	—	—	1
20	Pneumonia (all forms)				64	11	3	5	2	3	4	5
21	Other Respiratory Diseases				13	—	—	—	—	1	—	2
22	Peptic Ulcer				10	—	—	—	—	—	—	2
23	Diarrhoea, etc.				5	5	—	—	—	—	—	—
24	Appendicitis				13	—	1	—	1	4	—	—
25	Cirrhosis of Liver				7	—	—	—	—	—	—	1
26	Other Diseases of liver, etc.				4	—	—	—	—	—	—	—
27	Other Digestive Diseases				28	1	—	—	1	—	3	2
28	Acute and Chronic Nephritis				28	—	—	1	—	—	—	—
29	Puerperal Sepsis				1	—	—	—	—	—	—	1
30	Other Puerperal causes				3	—	—	—	—	1	2	—
31	Congenital Debility, Premature Birth, Malformations, etc. ...				38	38	—	—	—	—	—	—
32	Senility				26	—	—	—	—	—	—	—
33	Suicide				16	—	—	—	—	1	1	4
34	Other Violence				37	2	—	—	3	3	3	4
35	Other defined diseases				79	3	—	1	4	2	9	6
36	Causes ill-defined or unknown ...				—	—	—	—	—	—	—	—
Totals					1169	66	12	19	25	42	39	61

* 303 died in Battle hospital, 120 in the Royal Berkshire hospital, 27 in Park hospital and 102 in various mental and other institutions outside the borough.

Allocated to Municipal Wards.														Deaths in Institutions.	
65-	75 and upwards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.
7 273	367	62	116	92	147	122	138	91	43	82	116	81	78	552	179
—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	1	1	2	1	1	1	—	2	—	1	2	—
—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
—	—	—	1	1	—	—	1	—	—	—	—	—	—	2	—
—	—	—	1	1	2	—	—	—	—	—	2	—	—	5	—
8	9	1	2	1	8	6	3	2	—	2	4	—	—	5	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
2	—	—	9	8	4	3	8	9	4	2	6	6	9	32	3
—	1	—	1	2	3	1	2	1	2	—	3	1	1	14	4
—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	2
—	—	—	1	—	—	—	—	—	—	2	—	—	2	1	—
48	34	11	18	10	21	16	14	13	3	12	17	12	13	83	28
8	6	—	2	—	4	1	5	2	2	1	2	1	—	8	4
10	18	2	4	1	5	3	8	3	—	1	4	5	3	33	4
73	114	17	23	18	37	30	25	18	6	22	12	11	11	34	8
2	3	—	—	1	—	1	—	1	—	—	1	1	—	5	—
33	76	10	9	11	14	16	17	10	8	9	9	7	11	93	3
24	32	2	10	6	3	7	10	5	2	5	6	7	5	48	4
15	7	2	8	7	7	9	6	7	2	2	10	2	2	25	15
2	5	1	1	2	2	1	2	1	—	2	1	—	—	3	3
—	2	1	2	1	—	2	1	1	1	—	—	1	—	5	3
—	—	—	1	1	1	2	—	—	—	—	—	—	—	—	—
2	2	—	1	—	2	—	1	2	—	1	3	2	1	9	8
1	1	—	1	1	1	1	1	—	—	—	1	1	—	7	—
1	2	—	—	—	1	1	—	—	1	1	—	—	—	—	—
5	4	1	1	2	4	3	1	2	2	2	4	2	4	8	8
11	6	1	2	2	3	1	2	2	1	4	2	4	4	18	14
—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	1	1	1	—	—	—	—	—	—	—	1	2
—	—	—	1	3	4	7	8	4	—	2	3	3	3	4	6
2	23	2	4	—	4	—	3	1	2	2	4	2	2	11	1
3	1	2	—	1	3	1	3	—	3	2	1	—	—	4	3
7	8	4	8	3	2	3	5	3	—	2	3	4	—	31	17
16	14	5	4	6	9	3	10	3	3	6	15	9	6	58	39
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
273	368	62	116	93	147	122	138	91	43	82	116	81	78	*552	†179

5 died in Battle hospital, 149 in the Royal Berkshire hospital and 25 in various institutions in the borough.

CAUSES OF, AND AGES AT, DEATH.

The large table on pages 14 and 15 gives a detailed analysis of the causes of death, the ages at which they occurred and the allocation to the various municipal wards. Owing to the rapidly changing populations of certain wards it is not possible to compare mortality figures for the different areas of the borough.

Age at Death. It is noteworthy that no fewer than 641 of the total of 1,169 deaths were of persons who had attained the age of 65 years and upwards. This is a higher percentage than the average.

Nearly one-third of all deaths are of persons who have passed the age of 75 and have well exceeded what has been regarded as the "allotted span."

Causes of Death. As pointed out above an increasing proportion of the total number of deaths occur at the advanced ages. Most of these deaths are assigned to diseases of the heart or arteries or to chronic bronchitis. Whatever the actual cause assigned it is evident that the cause is the general degenerative changes which accompany old age which at the present time there is no means of preventing.

Cancer. The number of deaths due to cancer was higher during 1931 than in any previous year.

The death rate from cancer alone was 1.64 per 1,000 persons living and one death in six of all deaths occurring after the age of 45 years is due to malignant disease.

Much research work has been carried out in all parts of the world directed towards the elucidation of the causes and the means of prevention of cancerous diseases. Up to the present time the results have on the whole been disappointing.

The early recognition of the disease and early surgical treatment is still the best means of dealing with cancer, and results indicate that with improving means of diagnosis and improved technique increasingly favourable results are being obtained.

The following short table will indicate the trend of the cancer death rate per 1,000 persons living over a period of years :—

TABLE IV.

Period.	Reading.	England and Wales.
1886-1895	0.73	0.66
1896-1905	0.89	0.82
1906-1915	1.00	0.99
1916-1925	1.28	1.21
1926	1.50	1.36
1927	1.27	1.37
1928	1.33	1.42
1929	1.56	1.43
1930	1.53	1.45
1931	1.64	—

It has been pointed out in previous reports that a record of this nature should be considered in the light of other knowledge of this subject which we possess. Cancer being a disease of advanced years more cases will occur amongst a population of elderly persons than amongst an equal number of younger persons.

With the falling birth rate and death rate the general age level of the population is rising and consequently more people attain the cancer age. For the same reason the cancer death rate in Reading remains uniformly higher than that of the country as a whole.

Tuberculosis. It is gratifying to report a marked decline in the death rate from tuberculosis. The number of deaths due to pulmonary tuberculosis was 68, representing a death rate of 0·69 per 1,000 of the population, a markedly lower rate than has been recorded in any previous year.

Deaths from violence. The total number of deaths from violence during the year was 53 of which 16 were cases of suicide. The majority of the remaining deaths due to violence occurred in connection with the use of motor vehicles. Fuller reference to this subject will be found in the report of the Chief Constable.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A full survey of the health services of the borough and the scheme organized under the Local Government Act, 1929, was included in the last annual report.

It will, therefore, only be necessary to summarize the hospital and auxiliary services available and in common use by residents of the borough.

Hospital Accommodation Summary.

<i>Name.</i>	<i>Purpose.</i>	<i>No. of Beds.</i>	<i>Management.</i>
Battle Hospital ...	General ...	279	Borough Council
*Royal Berkshire Hospital	General ...	150	Voluntary Board
Park Hospital ...	Infectious diseases ...	78	Borough Council
Dellwood Maternity Home	Maternity ...	16	" "
Whitley Camp ...	Smallpox ...	5	" "
*Various Sanatoria ...	Tuberculosis ...	25	Various
*Berkshire Mental Hospital	Mental diseases ...	280	Joint Hospital Committee
*Various Institutions ...	Mental Deficiency ...	60	Various Local Authorities
Total accommodation ...		893	

* The institutions so marked provide accommodation for other areas in addition to Reading. The number of beds given in the table is that normally occupied by Reading patients.

Special conditions like diseases of the eye, the ear, throat and nose, orthopaedic diseases and conditions requiring massage and electrical treatment, are dealt with at the Royal Berkshire hospital.

Clinics and Treatment Centres :—

The following clinics and treatment centres are in operation in the borough :—

Infant Welfare Centre	Star Lane, London St.,	Monday, Wednesday and Friday.
„	Elm Park Hall	Tuesday (morning and afternoon).
„	*Caversham	Thursday.
„	St. Barnabas' Hall, Shinfield	Thursday
„	Park Institute ...	Friday
„	Village Hall, Tilehurst	Monday
Ante-Natal Clinic ...	Star Lane, London St.,	Tuesday (two sessions)
Tuberculosis Dispensary	1, London Street ...	Daily
Venereal Diseases Clinic	Royal Berkshire Hospital	Wednesday and Saturday.

*West Memorial Institute, Gosbrook Street.

The Education Committee's clinics are :—

Inspection clinics, twice weekly	} Held at the Education Clinic, Queen's Road.
Minor ailments clinic, daily	...	...	...	...
Dental clinic, daily	...	...	...	...
Clinic for errors of refraction, twice weekly	...	...	...	...
X-ray clinic for treatment of ringworm, once weekly	...	...	...	...
Aural clinic, twice weekly	...	...	...	...
Operating clinic for tonsils and adenoids, once monthly at the Royal Berkshire Hospital.					

Nursing in the Homes.

The Queen Victoria Nursing Institute and the Caversham District Nursing Association undertake all the professional nursing in the homes. The staff of the former consists of the Superintendent and 7 nurses, of whom 6 are practising midwives. The latter has a senior nurse in charge and 3 assistant nurses, 2 of whom are certified midwives.

Both institutions are in part subsidized by the borough council and an agreement exists for the nursing when required of cases of puerperal fever and ophthalmia neonatorum. There is no other arrangement for the nursing of cases of infectious disease in their own homes.

The Reading Council of Nursing Services has arranged for skilled nursing as an additional benefit of certain approved societies under the National Health Insurance Act.

Poor Law Medical Service. The Medical Superintendent of Battle hospital and his assistant, together with Dr. Cheyney in the Caversham district, are responsible for the out-door medical services under the poor law.

The only addition to the medical arrangements provided by the council is the conclusion during the present year of an agreement between the council and the Royal Berkshire hospital in respect of certain types of patients treated at the hospital.

In consideration of an annual grant made by the council the hospital undertakes the maintenance and treatment of :—

(a) Cases of non-pulmonary tuberculosis. Many of these patients have previously been admitted to the hospital which can now provide for their more prolonged open-air treatment at the Blagrove branch of the hospital.

(b) Other orthopaedic cases for which the council is responsible. Orthopaedic defects indicate, in the main, those defects which result in crippling and include such conditions as congenital deformities, and deformities succeeding such diseases as infantile paralysis.

A clinic for the treatment of defects of this nature has been established for many years at the hospital, although no formal agreement for the treatment of infants and school children had been effected.

Details of the numbers and types of patients who have been in attendance at the clinic will be found in the report of the School Medical Officer.

(c) The hospital undertakes to provide an out-patient clinic for functional nervous disorders to implement the provisions of the Mental Treatment Act, 1930. This clinic will be established by the hospital which will ensure the active co-operation of the Medical Superintendent of the Berkshire mental hospital. The intention of a clinic of this nature is to bring under supervision at an early stage patients suffering from incipient mental disorders and to prevent, if possible, the more complete mental collapse and certification which may follow.

(d) The hospital further agrees to pay the council the ascertained cost of the maintenance and treatment of such of their contributors as defined in the agreement, who are admitted for treatment to the Battle hospital.

The conditions met by the various heads of this agreement together with other agreements already in force for the treatment of complicated cases of pregnancy and parturition and of enlarged tonsils and adenoids go far towards effecting the co-operation and co-ordination of all hospital work which was one of the major designs of the Local Government Act, 1929.

Ambulance Facilities.

The ambulance service of the area is sufficient for all purposes, and is as follows :—

	For infectious cases.	For non-infectious and accident cases.
Reading Corporation	Motor Ambulance*	
do.	do.	For all work at Battle hospital.
Watch Committee	—	Motor ambulance in charge of the police.
Royal Berkshire hospital	Two motor ambulances for all the work of the hospital, and for emergencies when required.	
British Red Cross	—	Two ambulances, available to the public.

* An auxiliary horse-drawn vehicle is also retained for emergencies and for cases of smallpox.

Bacteriological Laboratory Work.

The bacteriological work carried out during the year and the results of the examinations are as follows :—

	Positive.	Negative.	Total
For the detection of the tubercle bacillus	96	377	473
For the detection of the diphtheria bacillus, health department and Park hospital	68	420	488

Bacteriological and blood examinations for the diagnosis of venereal diseases is included in the venereal diseases agreement with the Royal Berkshire hospital. These examinations are now carried out under the agreement at St. Thomas' hospital, London.

The bacteriological examination of milk for the purposes of the Milk (Special Designations) Order and for the detection of the tubercle bacillus is carried out at the Research Institute, Reading University. The results of these examinations will be found on page 51.

Chemical Analyses. The chemical work required for the purpose of the Sale of Food and Drugs Acts is carried out by Mr. James Thompson, D.Ph., F.I.C., Agricultural Analyst at Reading University, who is the public analyst for the borough of Reading. Details of the results of his examinations will be found on page 50.

Maternity and Nursing Homes.

There are 16 nursing homes registered under the Nursing Homes Registration Act, 1927. The total accommodation for patients in these homes is 94 beds. One home with 12 beds is a charitable institution, controlled by voluntary agencies. Of the remainder, two large homes with 33 beds receive mainly surgical cases, and one with 13 beds is devoted chiefly to the reception of neurasthenic and incipient mental disorders. Five homes, with a total of 16 beds, receive principally maternity cases.

Local Acts, Adoptive Acts, Bye-Laws, etc.

A complete list of local acts, adoptive acts and bye-laws in force in the borough was included in the last annual report.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The features of the epidemic history of the past year were the re-appearance of smallpox in the borough, and a fairly severe epidemic of measles.

The prevalence of scarlet fever and diphtheria were notably below the normal and only isolated cases of the other infectious diseases were notified.

Smallpox. Details of a small epidemic totalling nine cases of smallpox which occurred in the early part of the year were included in the last annual report. Fortunately the supervision and vaccination of large numbers of contacts totalling several hundreds prevented any further extension of the disease.

Each year information is received from other local authorities and port authorities throughout the country of the arrival in Reading of smallpox contacts who are all kept under observation during the incubation period.

It would appear that the epidemic which has been prevalent in the London area during the past four years is waning. The mild form of the disease which first appeared in the northern counties in 1922 gradually extended southward to Nottingham, Derby and Leicester, reaching the southern area in 1928. The experience of these northern counties suggests that in the invaded areas the numbers of cases tend to increase up to a maximum in the fourth or perhaps the fifth year after which they decline. Although it is probable that we shall continue to have smallpox in the southern area for some time it is to be hoped that the prevalence of the disease has reached or passed its maximum.

Vaccination. The vaccination returns for 1930, for which I am indebted to Mr. G. S. Hawthorne, are summarized in the following short table :—

TABLE V.

Districts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Had Small Pox.	Died un-vaccinated.	Exemption from vaccination by Statutory Declaration of "Conscientious Objection."	Postponement by Medical Certificate.	Removed to other districts.	Removed to places unknown.	Number of births remaining (unaccounted for).	
										No.	Rate per cent of total births
St. Mary's	848	154	3	—	34	522	3	43	25	64	7.5
St. Giles'	568	68	—	—	31	370	—	41	18	40	7.0
Caversham	111	23	2	—	3	76	—	2	3	2	1.8
Whole Borough	1527	245	5	—	68	968	3	86	46	106	6.1

It will be seen from the above that 16 per cent. of the children were successfully vaccinated, as compared with 15·3 per cent. for the year 1929.

The following further summary shows the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institution and the Public Vaccinators during the year ended 30th September, 1931 :—

Name of the Poor Law Institution or Vaccination district.	Name of the Medical Officer or Public Vaccinator.	Number of successful primary vaccinations of persons.			Number of successful re-vaccinations, <i>i.e.</i> , successful vaccinations of persons who had been successfully vaccinated at some previous time.
		Under one year.	One year and upwards.	Total.	
Battle Hospital, Reading.	Dr. D. C. Thomas	2	20	22	124
Reading and Caversham districts (less Tilehurst).	Dr. F. W. Stansfield	146	259	405	351
Tilehurst district of Reading.	Dr. B. B. Hosford	19	3	22	3
Totals		167	282	449	478

Measles. A fairly extensive epidemic of measles occurred in the early part of the year reaching its peak in the early part of May. The total number of cases notified was 1,158 but as only first cases of measles in a household are notifiable the total number of cases of the disease was considerably larger.

Epidemics of measles occur with fair regularity every two or three years, the maximum prevalence occurring either in mid-winter or in the early summer. The disease tended to assume epidemic proportions in the last two weeks of 1930, shewed a marked recrudescence in March, 1931, and reached the peak in May, when as many as 110 notifications were received in one week. From that period the epidemic rapidly declined and had practically disappeared at the end of July.

Hitherto the control of measles has not met with any great success and measures have been directed rather to the postponement of the attack than to the prevention of the disease. The dangers of the disease arise from the complications, more particularly bronchitis and pneumonia, which so frequently accompany it. These complications are much more frequent and are much more dangerous in young infants than at the later years. Of the 11 deaths which occurred during the present epidemic 10 occurred in children under five years.

The epidemic habits of the disease are indicated in its prevalence in Reading since the war. The years of maximum prevalence have been 1918, 1920, 1923-24, 1926, 1928-29, and 1931.

When the unprotected children, that is children who have not suffered an attack of the disease, reach a certain proportion of the total child population an epidemic may be expected.

TABLE VI.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1931. CLASSIFIED IN AGES AND LOCALITIES.

Notifiable Diseases.	Number of Cases Notified							Total Cases Notified in each Municipal Ward.										Notified Cases Removed to Isolation Hospital.	Total Deaths in Isolation Hospital.			
	At Ages—Years.							Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst			Victoria	West	
	At all ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.															65 years and upwards.
Small Pox	9	3	323	812	14	6	3	1	28	106	66	173	135	99	56	46	13	311	54	71	—	—
Measles...	1158	1	5	30	6	4	1	—	—	4	7	4	6	3	1	—	1	17	—	4	—	—
Diphtheria	47	—	—	—	3	2	7	4	—	3	2	1	—	2	2	—	2	3	—	11	—	
Erysipelas	16	—	24	82	16	10	2	—	4	14	6	4	14	12	9	16	4	29	—	—	—	
Scarlet Fever	134	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Puerperal Fever	2	—	—	—	2	2	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	
Puerperal Pyrexia	6	—	—	—	—	4	—	—	—	1	2	—	—	—	1	—	—	—	—	2	—	
Cerebro-Spinal Meningitis	2	—	1	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	
Polionmyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pulmonary Tuberculosis	108	2	2	6	38	37	21	2	6	9	8	13	7	14	8	10	7	15	3	8	—	
Other Forms of Tuberculosis	22	1	5	4	9	3	—	—	1	1	1	2	2	2	2	—	2	8	—	1	—	
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	—	2	1	2	—	2	—	2	1	—	1	—	
Acute Primary Pneumonia	20	1	—	1	—	—	3	2	—	—	2	—	2	5	2	2	—	—	—	—	—	
Broncho-Pneumonia	2	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	1531	13	361	936	90	85	37	9	40	141	97	200	167	141	83	74	33	385	70	100	263†	27*

† Includes 25 admissions from "other diseases."

* Includes 3 deaths from "other diseases."

Experiments are now being conducted in the production of a preventive and curative serum for measles. It has not yet been possible to produce it on a sufficient scale to state the prospect of its success but the result will be watched with very great interest.

Scarlet Fever. There were 134 cases of scarlet fever notified during the year, a number considerably lower than the average number received annually. One of these cases proved fatal but the comparative mildness of the present phase of this disease is exemplified by the fact that this is the first fatal case of scarlet fever in Reading during the past six years. The fatal termination of this case was the result of the extension of the infection to the brain.

Diphtheria. The prevalence of diphtheria was also much below normal, only 47 notifications being received.

There were six deaths, a case mortality of 12·7 per cent. In four of the fatal cases the diphtheria bacillus was not recovered by bacteriological examination and some element of doubt remained in regard to the true nature of the infection. One other patient died at home without any opportunity for bacteriological examination.

A note on the clinical features of the cases admitted to Park hospital will be found in another section of the report.

Enteric or Typhoid Fever. One notification only was received of the enteric group of fevers the patient suffering from the paratyphoid B type of the disease. She contracted the infection during a visit to a south-coast resort and developed the disease on returning home. She made a good recovery.

Cerebro-Spinal Fever, Encephalitis Lethargica and Anterior Poliomyelitis. Two notifications of cerebro-spinal or spotted fever were received, one of which proved fatal within 24 hours of the onset of the disease, the remaining patient making a good recovery after treatment in hospital.

There were no notifications of either encephalitis lethargica or anterior poliomyelitis, more popularly known as sleepy sickness and infantile paralysis, respectively.

All of these diseases are grave infections of the central nervous system and their absence in epidemic form is a matter for congratulation.

Extensive epidemics of poliomyelitis have occurred in other countries some 3,000 cases being reported in New York and smaller outbreaks have occurred in this country. Four cases have occurred in Reading during the present year but it appears unlikely that the disease will assume epidemic proportions.

BATTLE HOSPITAL.

Battle hospital occupies an extensive site covering some 36 acres in the west-end of the town, and opening into the main Oxford road.

The operation of the Local Government Act, 1929, has given an added impetus to the progress outlined above. Changes became possible which had previously been surrounded with the unsurmountable obstacles of hide-bound poor law. The Reading Corporation seized the opportunity of making the fullest public use of the institution by placing it under the governance of the Health committee. The buildings housing the sick and infirm were appropriated as a hospital under the Public Health Acts, and the remainder, though strictly falling under the purview of public assistance, were placed under the management of the Health committee also. The whole was thus converted to a hospital unit, and the name once more changed to Battle hospital. The next important step was the deletion of the relieving officer as the necessary medium between a sick person and a bed in the hospital. The Medical Superintendent is now in direct touch with outside practitioners for the purpose of admitting their patients, and informs them of what has happened to their patients during their stay. As a corollary to this, enquiries as to the ability or otherwise of patients and their relatives to pay costs of maintenance, are made at the hospital and not through the relieving officer. The hospital is now in process of fitting itself into the medical services already maintained by the corporation.

The hospital buildings fall naturally into two groups lying on either side of a main road running due north from the Oxford road entrance. Those on the west comprise the appropriated hospital. Those on the east the public institution.

The main entrance is flanked on either side by receiving wards. The remainder of the site is largely reclaimed marsh land. It is laid out as market garden and recreation grounds. It serves the purpose of keeping occupied such persons as are able to work, and of supplying the hospital with fresh eggs and garden produce. Any surplus is sold at current market prices.

The medical work which falls to the lot of this hospital is mainly of the chronic variety, but there is a decided and maintained increase in the amount of acute work done. The following figures are taken from the returns for the year ending 31st December, 1931, and will give a general indication of the amount and variety of the hospital's activities.

Hospital Section.

Total number of beds	...	...	...	...	279
Total number of admissions for the year	...	...	...	...	938
Total discharges	...	...	...	...	700
Total deaths	...	...	...	...	262
Number of operations	...	...	...	...	155
Maternity cases	...	...	...	...	19
Out-patients' department—patients seen	...	...	...	...	1598
domiciliary visits paid	...	...	...	...	464
Average duration of stay per patient	...	...	...	...	13 weeks

Mental cases—Of 62 admitted, 42 were sent to the Berkshire Mental hospital.

The hospital is well equipped for general medicine and surgery, midwifery and diseases of women. There are no established beds for sick children, but these are set up as required in the general wards and side-wards. There are no special departments for ophthalmic, oto-rhino-logical and other branches, these being adequately provided for at the Royal Berkshire hospital. Battle hospital has been a full training school for nurses recognised by the General Nursing Council for England and Wales for some years.

In general, the policy of the hospital is to make adequate provision for such classes of patients as find their way to it, without expensive and unnecessary reduplication of services provided elsewhere.

PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records, and for the clinical notes on patients admitted to Park hospital during the year :—

TABLE VII.

Disease.	Remaining in hospital 1 Jan., 1931.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1931.
Scarlet Fever	13	111	114	1	9
Diphtheria	12	37	42	5	2
Tuberculosis	26	79	63	15	27
Other Diseases	2	36	29	6	3
Totals	53	263	248	27	41

Scarlet Fever. There were 111 patients admitted to the hospital suffering from scarlet fever a number considerably below the average number of admissions in recent years. The majority of the patients were suffering from a mild type of the disease though one case proved fatal as the result of the extension of the infection to the brain.

A record has again been kept of the incidence of the common complications of scarlet fever which occurred during the year. It was found that 11 or practically 10 per cent. suffered from rhinitis and a similar number from adenitis. Eight or 7·2 per cent. suffered from arthritis, 5 or 5·5 per cent. from otorrhoea, and 3 or 2·7 per cent. from albuminuria. One patient suffered from myocarditis as a complication.

Four patients admitted suffering from scarlet fever were incubating chickenpox and one whooping cough. In no case did the cross infection spread to other patients.

Return cases : There was one return case, the second case occurring 11 days after the discharge of the presumed infecting case from hospital.

Diphtheria. There were 37 cases of diphtheria admitted, the smallest number of admissions in recent years. Five of these cases proved fatal, three of them within 48 hours of admission. The more severe cases notified as diphtheria were found to be suffering from mixed infection and the evidence would indicate that the fatal termination in some of these cases resulted more from the intoxication of these other organisms than from the infection of the diphtheria bacillus.

Other Diseases. As the result of the reduced pressure on the scarlet fever and diphtheria beds it was possible to admit an increased number of patients suffering from other diseases including the more severe cases of measles when the home accommodation was indifferent, and a few cases of meningitis. One patient suffering from cerebro-spinal meningitis, or spotted fever, died.

Two cases of infection among members of the staff occurred during the year, one of whom contracted smallpox and one a mild attack of scarlet fever.

DISINFECTION.

As in previous years, the work of disinfection was carried out by the public health department. This includes all the work arising in connection with infected homes in the district and all the necessary disinfection for Dellwood maternity home and other nursing homes, as well as in certain of the adjoining rural districts, with whom we have agreements to carry out disinfecting work as required.

The following summary shows the nature and extent of the work carried out during the past year :—

	Number of			
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district	350	418	212	2047
Adjoining districts	7	6	8	174
Dellwood maternity home ...	—	7	3	27
Miscellaneous institutions in Reading	—	15	20	161
Total	357	446	243	2409

TUBERCULOSIS.

The following table shows the number of cases of tuberculosis notified and the number of deaths due to this disease annually since 1918 :—

TABLE VIII.

Year.	Number of cases notified.		Number of deaths.	
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.
1918	167	18	115	20
1919	123	13	81	12
1920	108	10	75	16
1921	106	36	82	15
1922	125	11	81	19
1923	112	22	93	16
1924	124	16	90	7
1925	119	11	74	12
1926	142	27	92	12
1927	159	23	85	9
1928	183	21	81	28
1929	175	31	108	14
1930	127	15	93	10
1931	108	22	68	17

It will be seen that the new cases of pulmonary tuberculosis notified are fewer than in any year since 1921 and the number of deaths due to this form of the disease is lower than in any previous year in Reading. The cases of non-pulmonary tuberculosis are slightly higher than in the preceding year.

As in previous years, difficulty is encountered in gaining early knowledge of cases of pulmonary tuberculosis. In 16 of the fatal cases of tuberculosis the first intimation was received from the death returns. Ten of these cases were of the pulmonary form of the disease. Of notified cases, 12 were notified within one month and seven within three months of the fatal termination of the disease. Three cases were notified after death and were not included as cases formally notified.

It will be seen that a very large proportion of persons suffering from tuberculosis only come under observation at a late stage of the disease.

In each case of failure to notify an intimation is sent to the practitioner in charge inviting his co-operation in the matter of early notification and treatment.

The local authority is empowered by law to prohibit persons suffering from tuberculosis in an infective state from engaging in the milk trade and to require the removal of similar persons whose lodging is not such as will enable them to prevent the spread of infection.

No action was taken or was necessary in either respect during the year.

Report of the Tuberculosis Officer. The following report by Dr Minkley gives the details of the work carried out during the year :—

" Number of new cases examined	...	...	...	...	290
Adult males transferred from other areas			...	...	3
Adult females	„	„	„	...	3
					<hr/>
					296
					<hr/>

Of these 296 cases :—

Persons suffering from pulmonary tuberculosis numbered—

Adult—males	...	44
„ females	...	42
Children—males	...	3
„ females		3
		<hr/>
		92
		<hr/>

Persons suffering from non-pulmonary tuberculosis numbered—

Adult—males	...	3
„ females	...	4
Children—males	...	2
„ females		3
		<hr/>
		12
		<hr/>

Persons presenting such symptoms and signs as gave rise to suspicion and necessitated extended observation—

Adult—males	...	0
„ females		4
Children—males	...	20
„ females		9
		<hr/>
		33
		<hr/>

Persons found to be not suffering from tuberculosis—

Adult—males	...	32
„ females	...	43
Children—males	...	40
„ females		44
		<hr/>
		159
		<hr/>

Total number of attendances by patients during the twelve months ... 3881

Examination of Contacts.—A good deal of difficulty is still in some instances experienced in securing the attendance of those members of a family who have been in association with known cases of tuberculosis. It is sometimes not realised that although the children of an infected parent may appear to be healthy the seeds of tubercular disease may already have been implanted in them, and that a careful and thorough investigation may bring this to light with the advantage that care and supervision will then probably prevent such infection ever assuming any formidable character.

Of the 296 cases noted above as coming under examination by the tuberculosis officer during 1931, 113 were persons, who, having been more or less closely associated with known cases of tuberculosis, had been exposed to special danger of contracting the disease. Of these 113 contacts, 99 presented no clinical signs of infection, but 14 presented symptoms and signs of suspicious character calling for continued observation, and amongst these 14, one person was found to be definitely suffering from pulmonary tuberculosis.

Home Supervision.—The tuberculosis officer paid visits to their own homes in the case of 97 persons, in 47 of such cases meeting and conferring with the patient's medical attendant at the home, and in all instances with the consent of and subsequent co-operation with the practitioner.

Other consultations with general practitioners numbered 56, bringing the total to 103.

The two tuberculosis nurses paid 2,454 visits to the homes of patients, of which number 186 were paid to the homes of ex-service men, and 127 to notified cases not in attendance at the dispensary.

Shelter Treatment.—The weather conditions prevailing on the whole during the past year have not been very favourable for treatment of this nature but 22 of the shelters possessed by the Corporation have been in regular use.

Sanatorium Treatment.—Patients have received treatment at the following institutions :—

Grosvenor Sanatorium, Ashford, Kent	...	...	43
Church Army Sanatorium for Lads, Heath End, Farnham, Surrey	...	...	4
Oak Bank Residential Open-Air School, Sevenoaks, Kent	...		3
Wingfield Orthopaedic Hospital, Headington, Oxford	...		7
Royal National Hospital for Consumption, Ventnor, I. of W.			1
Royal Sea Bathing Hospital, Margate	...	...	1
Berks and Bucks Joint Sanatorium, Peppard, Oxon		...	1
			—
			60
			—

	Remaining in Sanatoria, Dec. 1930		Admitted during the year 1931.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	7	4	19	17	26	21
Children ...	4	5	4	0	8	5
Totals ...	11	9	23	17	34	26

The condition of patients on discharge from sanatoria shows :—

Disease quiescent	...	...	...	...	...	5
Improvement maintained	...	...	...	...	...	19
Disease progressive	...	...	...	...	...	6
Died in sanatorium	...	...	...	...	...	1
Observation cases which proved to be non-tuberculous	...	...	...	...	...	2
Observation case doubtfully tuberculous	...	...	...	...	...	1
Remaining in sanatoria on 31st December, 1931	...	...	...	...	...	26
						—
						60
						—

The Tuberculosis pavilions, Park hospital, Reading.—The cases here treated are for the most part of advanced character, nevertheless it will be seen that about 50 per cent. showed definite improvement on discharge, in some cases sufficient to warrant following up with further treatment at sanatoria.

		Males.	Females.	Totals.
Remaining in pavilions, Dec., 1930	...	12	14	26
Admitted during year 1931	... ..	48	31	79
		—	—	—
		60	45	105
		—	—	—

The condition of these patients on discharge from the pavilions is shown below :—

					Males.	Females.	Totals.
Non-tuberculous (admitted as observation cases)	...	...	...	...	1	2	3
Disease quiescent	...	...	...	...	2	0	2
Improved	...	...	...	...	32	21	53
No material improvement	...	...	...	...	3	2	5
Died in institution	...	...	...	...	9	6	15
Remaining in pavilions on 31st Dec., 1931					13	14	27
					—	—	—
					60	45	105
					—	—	—

TABLE IX. PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.
PART I.

Summary of Notifications during the period from the 28th December, 1930, to the 2nd January, 1932, in the area of the County Borough of Reading.

Formal Notifications.													
Age periods.	Number of Primary Notifications of new cases of tuberculosis.											Total Notifications.	
	Total (all ages)												
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-		
Pulmonary, males ...	—	2	—	3	5	11	11	10	9	7	1	59	66
„ females ...	2	—	1	2	12	10	6	10	1	4	1	49	57
Non-Pulmonary, males ...	—	4	—	1	—	3	—	2	—	—	—	10	10
„ females ...	1	1	1	2	3	3	1	—	—	—	—	12	13

PART II.

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the abovementioned period, otherwise than by formal notification.

Age periods.	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total.
Pulmonary, males ...	—	—	—	—	1	—	1	2	1	2	—	7
„ females ...	—	1	—	—	1	1	3	3	1	2	—	12
Non-Pulmonary, males ...	—	2	1	—	—	—	—	1	—	—	—	4
„ „ females ...	—	2	—	—	—	—	1	—	1	—	—	4

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary
Death Returns { from local Registrars transferable deaths from Registrar General	8	5
	2	1
Posthumous Notifications	2	1
“Transfers” from other areas (other than transferable deaths)	7	1

PART III.
NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining at the 31st December, 1931, on the Register of Notifications kept by the Medical Officer of Health of the County Borough.	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males. 317	Females. 271	Total. 588	Males. 53	Females. 62	Total. 115	
Number of cases <i>removed</i> from the Register(s) during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification	1	2	3	—	—	—	3
2. Recovery from the disease	23	18	41	6	4	10	51
3. Death	38	30	68	5	2	7	75
4. Transfers to other areas	10	8	18	5	4	9	27

Special Treatment.—Those cases which have been treated at sanatoria by induction of artificial pneumothorax have had their refills regularly continued at the dispensary, and injections of collosol calcium have been continued at the dispensary and at the pavilions.

<i>Examination of Specimens—</i>				T.B.		
				Sputum.	Other.	positive.
Number sent in by doctors	...	...	...	215	4	41
Dispensary cases	...	...	...	148	10	55
				<hr/>	<hr/>	<hr/>
				363	14	96

Tuberculosis Dispensary Care Association.—The financial position of the association has compelled a certain degree of curtailment in the aid given during the past year ; the grant of £2 per thousand per annum of population being exhausted in expenditure upon extra nourishment during the first seven months of the Council's financial year. The call upon the voluntary funds of the Association in this respect amounted to £205, leaving a smaller amount available for other necessities. In view of the fact that the grant for ancillary treatment is insufficient to meet the cost, the finance sub-committee of the association has made application to the Council for increased grant towards this expenditure.

Analysis of assistance shows :—

81 persons granted extra nourishment.
 9 clothing and boots supplied.
 2 children sent to country homes.
 1 money grant.
 1 fare Bexhill.
 1 part cost of dental treatment.

—
 95
 —

Battle Hospital.—Tuberculous persons notified as being in-patients during 1931, 20 cases.

Condition of these patients on discharge shows :—

					Adults.		Children.	Total.
					M.	F.	F.	
Improved	...	...	...	...	3	3	2	8
No material improvement	...	...	...	...	1	—	1	2
Non-tuberculous	...	...	...	...	1	—	—	1
Died in institution	...	...	...	...	1	2	—	3
Remaining in institution 31st, Dec., 1931	...	...	...	...	3	2	1	6
					—	—	—	—
					9	7	4	20
					—	—	—	—

VENEREAL DISEASES.

From the returns furnished by the medical officer in charge of the treatment centre at the Royal Berkshire hospital, the following short table has been prepared to show the number of persons attending the venereal diseases centre and the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total. Persons
	Males.	Females.	Males.	Females.	
Under treatment January 1st, 1931—	55	45	73	38	211
Treated for the first time during 1931—	79	46	89	58	272
Totals	134	91	162	96	483

In addition to the patients referred to in the table, 55 persons attended the clinic who were found to be suffering from conditions other than venereal disease.

It should be understood that the clinic serves several areas including the county of Berkshire and parts of other adjoining counties. It is, therefore, of interest to differentiate the places of residence of those patients who attended for the first time during the year.

	Reading.	Berkshire.	Other Areas.	Total.
Syphilis	47	58	20	125
Gonorrhoea	51	83	13	147
Conditions other than venereal ...	29	23	3	55
Totals	127	164	36	327

It should be noted that patients treated for the first time, especially those suffering from syphilis, include both early and late cases of these diseases. Cases of syphilis in the early and infectious stage of the disease, whose infection was of less than one year's duration, numbered 33 and those of gonorrhoea of like duration, 133. Patients suffering from syphilis in the later and non-infectious stage numbered 92, including 20 suffering from the congenital form of the disease. More chronic forms of gonorrhoea which are, however, infectious were 14 in number. The incidence of syphilis in the earlier phases shows a slight increase on that of the previous year. The number of cases of gonorrhoea was practically the same.

If Reading figures alone are taken the number of cases of syphilis 47, compared with 40, show an increase and the number of cases of gonorrhoea 51, compared with 60, show a decrease on the corresponding figures for the year 1930. It is not possible from the returns to classify the cases of syphilis into early and late for each district separately so that one cannot say whether the increase in the Reading cases is in the early and infectious stage or not.

The number of patients attending the clinic is probably a fair indication of the prevalence of these diseases. Whilst a certain number of patients may obtain treatment privately or by unqualified persons it appears probable that the clinic is sufficiently well-known to attract most of the sufferers from venereal disease.

MATERNITY AND CHILD WELFARE.

Infantile Mortality. During the year, there were registered the deaths of 66 infants who had not attained the age of one year. This number is equivalent to an infant death rate of 44.6 for every 1,000 births registered during the same period. In only one year, namely 1927, has a lower rate been recorded. As has been mentioned earlier in the report the deaths of two children whose bodies were found in the borough and whose parentage was unknown, has raised this figure.

A table showing the progress of infant welfare as measured by the infant death rate, will be found on page 12.

The grouping of the diseases into the classes which have been the principal causes of infant deaths in the past is shown in the subjoined short table. The rates shown are calculated per 1,000 births for the years indicated.

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.
1905-08	34.7	17.2	17.6
1909-12	37.3	10.1	11.9
1920-23	31.7	10.0	4.7
1924	26.2	14.9	2.4
1925	26.5	10.0	5.3
1926	24.3	9.7	4.3
1927	25.4	7.5	2.0
1928	28.2	8.0	2.6
1929	26.9	13.1	1.4
1930	39.2	12.1	2.1
1931	23.0	8.8	4.0

Rates per
1,000 births.

It will be seen that the first group, described as the neo-natal mortality or the deaths which occur within one month of birth—a large proportion occurring in fact within a few hours of birth—constitutes the greatest proportion of all infant deaths. Deaths from intestinal diseases, which used to play so considerable a part in infant mortality, are now unim-

portant. The majority of the deaths included in this group, which this year showed an apparent increase, occurred in the early weeks of life, the condition to which death was assigned being a symptom rather than the real cause of death. They would more properly be included under the heading of congenital debility. Deaths from bronchitis and pneumonia show a decline over the whole period and can be expected to decrease still further as housing conditions improve.

The causes of death and the ages in weeks or months of all infants dying during the year will be found in the table on page 40. The large proportion of deaths assigned to conditions like prematurity, congenital debility, etc., together with other deaths occurring in the first few weeks of life and assigned to other causes indicates that some two-thirds of all infant deaths may be assigned to causes operating before birth.

Maternal Mortality. In conjunction with the Ministry of Health a special inquiry is made into each death associated with child-birth, four of which occurred during the year.

An interim report already published suggests that much of this mortality might be prevented.

It will be seen from the following table that Reading compares favourably with the rest of the country and it is hoped that the measures already taken by the Committee will still further reduce this regrettable phase of mortality.

MATERNAL MORTALITY RATE PER 1,000 BIRTHS.

Year.	England and Wales.			Reading.		
	Puerperal Sepsis.	Other Causes.	Total.	Puerperal Sepsis.	Other Causes.	Total.
1926	1.60	2.52	4.12	2.44	.61	3.05
1927	1.57	2.54	4.11	.69	1.37	2.06
1928	1.79	2.63	4.42	2.68	4.03	6.71
1929	1.80	2.53	4.33	.69	2.07	2.76
1930	1.92	2.48	4.40	.00	2.13	2.13
1931	—	—	—	.67	2.03	2.70

Puerperal Fever and Puerperal Pyrexia Regulations, 1926.

Two notifications of puerperal fever were received during the year. One was a patient admitted from outside the borough and treated in a nursing home. The other was treated at home by her own medical attendant. Both patients made good recoveries. One death regarding which no previous notification had been received, was certified to be due to acute para-metritis.

There were six notifications of puerperal pyrexia, the patient in each case making a good recovery.

It is probable that notification under these regulations is still incomplete.

Ophthalmia Neonatorum. Four notifications of ophthalmia neonatorum, which is an acute inflammation of the eyes occurring in new-born children, were received during the year. In one of these cases one eye was damaged and remained slightly scarred. The eyes in the remaining cases cleared up without any permanent ill-effect.

The services of a specialist consultant for cases of this grave condition have been of the greatest value in the prevention of blindness.

Cases.			Vision un- impaired.	Vision impaired.	Total Blindness	Deaths.
Notified.	Treated.					
	AtHome.	In Hospital.				
4	*4	—	3	1	—	—

* One child, who recovered, attended the Royal Berkshire hospital as an out-patient.

Infant Consultation Centres and Health Visiting. The scheme for the supervision of infants and young children under school age has been continued on the same lines as in previous years. From the time of receipt of the notification of a birth an endeavour is made to see each child at definite intervals, either at home or at one of the infant welfare centres. If a child is brought to the centres regularly and favourable progress is reported it is naturally unnecessary to visit it so frequently at home. Equally, if the progress of any child is unsatisfactory, more frequent home visits may be necessary.

Notification of Births Act, 1907. In accordance with the provisions of this Act, 1,292 birth notifications were received during the year, which represents 88 per cent. of all births registered during the same period. Of these notifications, 82 per cent. were sent by midwives, 17 per cent. by doctors, and one per cent. by parents or others. The proportion of births notified by midwives during the year is higher than in former years.

Health Visiting Summary. The following summary indicates the amount of work done under the health visiting scheme during the year :—

First visits after receipt of notification	...	...	...	1,351
Re-visits to children under one year	...	...	...	5,585
Visits to children aged one to five years...	...	...	...	10,953
Special visits	...	...	...	389
Visits to expectant mothers	...	...	...	640
Special visits to cases of measles	...	...	...	937
Special visits to cases of ophthalmia	...	...	...	5
Special visits in regard to still-births	...	...	...	37
Special visits in regard to infant deaths	...	...	...	45
Special visits to nursed-out-children	...	...	...	257
Total				20,199

The total number of visits paid is slightly less than in the previous year. Although an additional health visitor has now been appointed the work was interrupted in the early part of the year by the illness and death of Miss E. A. Boddon, one of our most enthusiastic visitors, and the illness at a later period of the year of Miss E. F. Wheeler. With the increased staff it is now possible to approach more nearly to the model scheme, although the necessity to constantly increase the sessions at the infant welfare centres makes an increasing demand on the health visitors' time.

Infant Consultation Centres. The popularity of the infant consultation centres appears to know no limit. Each year the number of children attending the various clinics shows a substantial increase. During the year 1931, new attendances numbered 1,256 and re-attendances reached the formidable total of 31,696, compared with 1,134 and 30,669 respectively during the previous year. In each case the numbers represent children who are brought to the centres and are weighed by the nurses in attendance. A steady and normal increase in weight is probably as valuable a guide to a child's well-being as any other single factor. That this is appreciated by mothers is evident from the fact that the great majority of children born during the year are brought to the centres for supervision. These children are all seen at regular intervals by the doctors in attendance and at other times if there is any special indication.

TABLE X.
INFANT CONSULTATION CENTRES.

Centre.	Number of Sessions.	New Attendances	Re- Attendances	Average Attendances
*Star Lane, Monday... ..	12	49	653	54
„ Wednesday	52	329	7195	130
„ Friday	50	124	2741	54
Elm Park Hall (morning session)	52	114	3139	60
„ „ „ (afternoon session)	52	233	6871	132
Park Institute, Wokingham Road	50	169	5127	102
West Memorial Institute, Caversham	52	142	3121	59
Tilehurst (Village Hall)	48	53	1341	28
Shinfield, St. Barnabas Church Hall	52	43	1508	30
Totals	420	1256	31696	649

* Commenced October 5th, 1931.

In each case attendance is encouraged in the later years until the children should reach school age. That this measure is meeting with increasing success appears from the table on page 41 showing the attendances of infants under one year and of children between the ages of one and five. It is, of course, unnecessary for the older children to attend or to be medically examined so frequently but their attendance will give an opportunity for the prevention or cure of those physical defects which are often found in entrants to school.

TABLE XI.

INFANT MORTALITY, 1931. (CAUSES OF DEATH under one year).											Allocated to Municipal Wards.										Deaths in Institutions														
Causes of Death.											Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.	6 mos. and under 9 mos.	9 months and under 12 mos.	Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilhurst.	Victoria.	West.	Residents of Borough.	Non-Resi- dents of Borough.	
All causes Certified	...	...	...	...	...	...	...	...	...	...	24	5	1	4	34	6	14	5	7	66	2	3	6	5	14	10	5	-	2	7	7	5	15	10
Uncertified	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis, not Tuberculous	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	1	-	1	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	1	-	-	-	1	4	5	-	1	11	1	-	1	-	2	1	-	-	-	-	1	3	1	-	-
Diarrhoea	-	1	-	1	2	2	1	-	-	5	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Digestive Diseases	-	1	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Debility, Premature Birth, Malformations, etc.	...	...	...	...	...	...	...	...	...	...	21	3	1	3	28	-	5	2	3	38	-	1	3	4	7	8	4	-	2	3	3	9	6	2
Other Causes	2	-	-	-	2	-	-	-	-	5	-	-	-	-	3	1	1	-	-	-	-	-	-	-	-
Totals											24	5	1	4	34	6	14	5	7	66	2	3	6	5	14	10	5	-	2	7	7	5	15	10	

Seven of the deaths were of illegitimate children.

Clinic.	Total Attendances.	Under 1 year.	1 to 5 years.
West Memorial Institute, Caversham	3263	1160	2103
Park Institute	5296	3484	1812
Shinfield	1551	827	724
Tilehurst	1394	838	556
Star Lane, Monday*	702	563	139
„ „ Wednesday	7524	4923	2601
„ „ Friday	2865	1543	1322
Elm Park Hall (morning)	3253	2060	1193
„ „ „ (afternoon)	7104	4307	2797
Totals	32952	19705	13247

* Part year only.

Supervision of Midwives. Thirty-seven midwives gave notice of their intention to practise in the borough during the year. Ten of these were in private practice, nine were employed in institutions, 13 by local nursing associations, and five in maternity homes. During the year, four midwives ceased practice, one died, and 10 left the district, leaving 22 names on the register at the end of the year. Of the 10 midwives who left the district, five were employed by local nursing associations for holiday duty only.

The Inspector of Midwives paid 46 visits to midwives during the year. She reports that the general standard of the work being done by the midwives is satisfactory.

Records of Sending for Medical Help. During the year, medical assistance was sought by midwives on 341 occasions, of which 277 were for the mother and 64 for the child. The local authority became responsible for the payment of £400 in fees of which £80 was recovered from the patients.

Milk (Mothers and Children) Order, 1919. As in previous years, grants of milk and other foods were made during the past year to necessitous expectant and nursing mothers and to children under three years of age. A special sub-committee meets weekly to administer the order. The average number of persons in receipt of milk during the year was 23 expectant mothers, 79 nursing mothers and 355 children under three. The gross cost to the Corporation during the financial year was £2,100.

Children Act, 1908 (Infant Life Protection). During the year the names of 36 children were added to the register. Six children who reached the age of 7 years and ceased to be under supervision were notified to the Education authority, 13 children were returned to their parents (including nine whose home address was outside the borough), one left the district and details were forwarded to the area concerned, five were legally adopted, and two died.

The Health Visitors paid 191 visits of inspection to the homes during the year and their reports showed that in each case the home was satisfactory and the children well-cared for.

ANTE-NATAL CLINIC.

Dr. Agnes Bernfeld has conducted the ante-natal clinic on the well-established lines of previous years. Two sessions are held weekly on Tuesday mornings and afternoons. The value of the work is evidenced by the increasing support which the clinic receives.

The attendances at the clinic during recent years are indicated in the following short table :—

	Average Attendance.		
	1925-1929.	1930.	1931.
New cases ...	279	347	353
Attendances ...	1046	1537	1583

As the value of ante-natal supervision becomes better known it is found that midwives and patients themselves are more willing to take advantage of the facilities which such a clinic offers. It is found, for example, that during the past year 55 of the patients were sent for examination by midwives practising in the borough and 64 of the patients came on their own initiative. The examination includes a thorough medical investigation of the patient's condition, including the examination of blood pressure with special reference to any conditions which might adversely affect the future well-being of mother or child. Such patients as require constant medical supervision are referred either to their own doctors or to the hospital and clinical reports are sent in each case to doctors or midwives.

It is found that large numbers of those attending do in fact suffer from defects more or less severe. Although the graver deformities the result, for example, of rickets are not now often seen, such conditions as anaemia more or less severe, varicose veins, disease conditions of the alimentary canal, dental caries and oral sepsis are quite commonly found. These conditions, some of which appear comparatively trivial in themselves, are each capable of introducing serious complications during childbirth. The increase of the blood pressure and the presence of albuminuria may be evidence of toxæmia which may be the forerunner of eclampsia, a serious complication of parturition.

The close co-operation maintained between the different branches of the council's medical service is again evidenced by the number of ante-natal patients who received dental treatment at the Education committee's dental clinic. Ninety patients were referred to this clinic during the year of whom 45 kept the appointments made and nearly all completed the necessary treatment.

It had been suggested by some observers that observation of the foetal heart rate might provide some indication of the sex of the child.

With a view to checking this suggestion Dr. Bernfeld carried out a small investigation on 52 cases. The numbers are not sufficient to provide a definite result but the indications, such as they are, suggest on the whole the negative value of this means of diagnosis.

The clinic continues to perform the very valuable function of training the pupil midwives from Dellwood in the methods of ante-natal examination. The methods of practice of the younger and more highly-trained midwives clearly reflect the higher standard now attained in midwifery training. Their readiness to adopt modern methods of investigation and to take advantage of administrative machinery provided for their assistance is clearly indicated in the results obtained in their practice. The examination of the records of practising midwives show that certain of the older women are not easily capable of carrying out the necessary ante-natal examinations.

DELLWOOD MATERNITY HOME.

The number of patients admitted to Dellwood Maternity home during the year was 255, a number that has only twice been exceeded since the opening of the home in 1920. The number of children born in Dellwood maintains a fairly constant average representing each year approximately one-sixth of all children born in the borough.

It is not possible greatly to exceed this number with the bed accommodation available as the number of beds occupied throughout the year is rather more than 70 per cent. of the total. From the fluctuating nature of the work this average must be considered very high. The highest number of admissions in any one month was 31 and the lowest 12, the average admission rate per month throughout the year being slightly over 21 patients excluding a small number admitted at different times and found not to be in labour.

Up to the present time the home has been equal to all the demands made upon it.

There were two maternal deaths in the home during the year. One resulting from pulmonary embolism occurred within a few hours of the birth, the other from toxæmia which had been diagnosed before labour. This patient had been for some time under the care of her own medical attendant.

There were no cases of puerperal fever and none of ophthalmia neonatorum.

As in previous years a record has been kept of the social status of the patients as measured by the weekly income of the husbands and the housing conditions in which they live. It was found that the average income of the husbands of the patients admitted was £2 6s. 6d. per week excluding those who were either unemployed or engaged in part time work and the average fee paid was £3 8s. 0d. or £1 14s. 0d. per week. These figures compare with a weekly wage of £2 7s. 0d. and a fee of £3 5s. per patient during the preceding year.

A review of the housing conditions of patients shows that :—

Occupied one room	...	...	13
„ two rooms	...	...	104
„ more than two rooms	...	...	11
Living with parents	...	...	40
Living in barracks	...	...	1
In domestic service	...	...	1
Living in caravan	...	...	1
Living in separate houses	...	...	84
			—
			255
			—

The number of patients occupying separate houses is practically identical with that of the preceding year although those occupying only one or two rooms are slightly fewer in number.

On both counts it is evident that the home fulfills the purpose for which it was designed, namely to provide for those who are unable, either through poverty or from difficult housing conditions, to make the necessary provision for themselves.

BLIND PERSONS ACT, 1920.

I am indebted to Miss M. Maplesden, M.A., for the following information in regard to the work of the Reading Association for the Welfare of the Blind during the year.

“ The total number of persons in the borough registered as blind by the association is 160—75 males and 85 females. Of these 48 males and 78 females are unemployable.

The statistical information relating to these persons is as follows :—

						1931-32.
Names on register at commencement of year	...	...	...	...	...	161
Newly registered cases	...	...	...	...	...	12
						—
						173
Deaths notified	...	...	...	...	...	7
Removals	...	...	...	...	...	6
						—
						160
						—

Dr. Taylor has kindly examined the following number of persons at the request of the association :—

						Blind.	Not Blind.
Men	...	...	...	...	6	...	1
Women	...	...	...	...	8	...	2

The appointment of a second home teacher and visitor has resulted in a number of new pupils being obtained for instruction in braille reading and pastime occupations. All blind persons are regularly visited by Mr. Hurst and Miss Nurse and this service is greatly appreciated.

The association continues to make monthly allowances in accordance with the committee's scale to a number of necessitous unemployable blind persons and the town council's contribution for this purpose has been raised from £250 to £400 per annum.

The death in December last of Mr. Hugh Walford, founder of the former Reading Blind Aid Society, deprived the blind of Reading of a friend who had achieved much on their behalf. When advancing age forced him to relinquish this task, the Reading Association for the Welfare of the Blind was formed to take over the work of the Blind Aid Society and to act in conjunction with the health committee of the corporation. As a consequence of Mr. Walford's death, new arrangements have to be made for the payment of the Reading Endowment Trust pensions and the association is at present acting as almoner at the request of the trustees.

The scheme approved by the town council whereby the wages of the nine home workers are augmented to the extent of 15/- each per week appears to be working satisfactorily. A falling off in the earnings of the home workers has been noticed. This is probably due to the general trade depression. The workers are being encouraged to canvass for orders and they have met with a certain amount of success in this direction. The association is, however, still faced with the difficulty of obtaining sufficient orders to keep its registered blind workers adequately employed and asks the public for all possible support in this matter. The restriction on the import of foreign baskets ought to supply the opportunity of supporting blind workers. Two exhibitions of work made by the local blind have been held at Watlington House, the association's new headquarters, during the past year.

It is hoped the Association will shortly be in a position to report that every blind person in Reading desirous of having a wireless set is in possession of one. The sets will be supplied by the National 'Wireless for the Blind' fund but local voluntary effort is required to provide any funds needed for installation and maintenance.

In spite of the increasing amount of responsibility assumed by the local authority on behalf of blind persons, there are still a number of directions in which voluntary service and voluntary contributions can serve to make the lot of the blind a lighter one. The hon. secretary of the association would welcome offers of help in these directions."

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. A full report on the sources, methods of purification, storage and distribution of water supplied to the borough was included in the annual report for 1930. As heretofore regular samples have been submitted to chemical and bacteriological examination during the year.

The chemical reports describe the water as "pure and wholesome, suitable for drinking and domestic use" and that "the results show that filtration has been efficient".

The bacteriological reports describe the filtered water as “ clear and bright, of a very high degree of bacterial purity and suitable for the purpose of a public supply ”. The number of bacteria present is always exceedingly low and the bacillus coli, the organism which is the best indicator of contamination, is always absent in 100 cubic centimetres of the filtered and chlorinated water.

Rainfall. I append details of the rainfall during the year as measured in the Forbury gardens.

The total rainfall during the year was higher than in either of the two preceding years but rather less than the average rainfall over a long period.

The average rainfall in Reading during the past fifty years has been 25·45 inches per annum.

The impression that the year was an unusually wet one probably arose from the fact that the months of July and August which embrace the usual holiday periods were the two wettest months of the year.

Month.					Inches of rain.
January ...	...	...	...	...	1·11
February ...	...	...	...	...	1·44
March ...	...	...	...	...	·11
April ...	...	...	...	...	2·95
May ...	...	...	...	...	3·05
June ...	...	...	...	...	·85
July ...	...	...	...	...	3·37
August ...	...	...	...	...	5·24
September ...	...	...	...	...	1·65
October ...	...	...	...	...	·40
November ...	...	...	...	...	3·17
December ...	...	...	...	...	·58
Total					23·92

Drainage and Refuse Disposal. Details of the methods of refuse collection and disposal were included in the last annual report.

I am indebted to Mr. A. S. Parsons for the following short note on sewage disposal methods at Manor farm.

“ Until May, 1931, an average of 1,630,000 gallons of sewage per day was completely treated in the activated sludge plant and passed to the Foudry brook.

“ Since that date an average of 3,400,000 gallons of sewage per day have been subject to partial treatment in the plant, final purification being obtained by land filtration.

“ Experimental filter beds have been in operation during the year with a view to finding the most efficient depth and medium for the final purification of the partially purified effluent.

“ The system of sludge lagoons has been abandoned and ‘ sludge digestion ’ is now carried out in four earth-sided tanks. In consequence of this change smells arising from the sewage disposal works have been reduced to a minimum.”

There were 30,580 water closets and 121 pail closets in use in the borough at the end of the year.

There were seven pail closets converted to the water carriage system during the year. Only in some old property in the outlying parts of the borough is this insanitary form of convenience still in use.

Sanitary Inspection of the Area. The following report on the sanitary inspection of the area has been prepared from information supplied by Mr. J. Dodd, chief sanitary inspector :—

TABLE XII.

Total number of visits to premises under Public Health and Housing Acts	...	...	...	11,574
Number of complaints received and investigated	...	...	...	490
Number of informal notices served (on owners)	...	...	...	179
(on occupiers)	...	...	...	15
Number of verbal notices	...	...	...	73
Number of written notices (statutory) on owners	...	...	...	—
Number of prosecutions	...	...	...	—
Number and nature of nuisances :—				
Dirty, damp or dilapidated houses	...	...	...	87
Overcrowded dwelling houses (complaints)	...	...	...	65
Dirty tenants	...	...	...	5
Defective roofs, gutters or down spouts	...	...	...	19
Defective sanitary fittings	...	...	...	105
Yards and areas, dirty or defective	...	...	...	6
Accumulation of refuse	...	...	...	7
Animals so kept as to be a nuisance	...	...	...	1
Miscellaneous	...	...	...	35

All of the notices served in respect of the above-mentioned nuisances were complied with.

Seventy house drains were tested during the year.

Premises and Occupations which can be controlled by Bye-Laws or Regulations :—

Common Lodging Houses. There are four common lodging houses in the borough. The total registered accommodation in these houses is as follows :—151 men, 5 married couples, 11 women—a total of 172 persons. The condition of these houses leaves something to be desired. One very old house has now reached such a stage of dilapidation that it cannot be kept in the condition required by the bye-laws. This house is scheduled for demolition as soon as alternative accommodation can be found for the proprietor and his family. All of these premises were regularly visited by the inspectors during the year. Night supervision and the maintenance of order is carried out under the direction of the police.

TABLE XIII.

Factories, Workshops, Workplaces and Homework.

(a) Inspection.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	21	1	—
Workshops (including workshop laundries)	258	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report)	39	—	—
Total ...	318	1	—

(b) Defects Found.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of cleanliness	19	19	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	1	1	—	—
Sanitary accommodation:—				
Insufficient	—	—	—	—
Unsuitable or defective	—	—	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Work- shops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary require- ments for bakehouses	—	—	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	30	30	—	—
Totals ...	50	50	—	—

(c) Homework.

Nature :—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)							
Lists received twice a year from employers	..	...	...	...	...	...	20
Number of outworkers	Contractors	...	...	...	...	...	14
	Workmen	...	...	...	...	...	36
Lists received once a year	...	...	...	...	...	...	—
Number of outworkers	Contractors	...	...	...	...	...	—
	Workmen	...	...	...	...	...	—
Outwork in unwholesome premises	...	...	...	...	...	...	—
Notices served	...	...	...	...	...	...	—
Outwork in infected premises	...	...	..	...	...	...	—

(d) Registered Workshops.

Workshops on the register at the end of the year.							Number
(1)							(2)
Retail Bakehouses	..	...	...	...	...	...	40
Tailoring	...	...	...	...	...	...	53
Dressmaking	...	...	...	...	...	...	21
Upholstery	...	..	...	...	...	...	7
Laundries...	...	...	...	...	...	...	5
Photography	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	179
Total number of workshops on register	...	...	...	...	...	...	309

Offensive Trades. There are four premises in the borough where offensive or allied trades are carried on. These include blood drying, fat melting and bone boiling, tripe dressing and gut scraping. The nature of the material dealt with at these establishments is such that it is impossible to guarantee perfect freedom from nuisance.

Canal Boats. There are eight boats on the register. Very few boats are now being used as dwellings, and inspection under the Canal Boats Acts is now unimportant. Many of the boats coming into the area are either propelled or towed by power and the journeys are accomplished much more rapidly. Men working on the boats usually take lodgings at night.

Caravans. There are still a few caravans in the borough permanently used as dwellings in addition to the large numbers that visit in connection with the various fairs. No case of infection was notified from any van and no serious nuisance has been reported since the removal of the colony of vans from the fair ground.

Smoke abatement. Nuisance from smoke is not a serious menace to health in the area. Only two complaints of smoke nuisance were received during the year. In each case the nuisance was abated. Twenty smoke observations were made.

Rats and Mice (Destruction) Act, 1919. The inspectors paid 121 visits to various premises in connection with the work of rat destruction, a problem that often presents very real difficulties. During the “national rat week,” owners of such properties as are likely to harbour rats are circularized in regard to the obligations imposed by the Act and the best means of destroying the vermin. The importance of this subject is being increasingly realised and much continuous work was done during the year.

Theatres and Cinemas. These were frequently visited and the condition of the premises was at all times found to be satisfactory.

INSPECTION AND SUPERVISION OF FOOD.

Sale of Food and Drugs Acts. The number and description of the samples submitted for examination by the Public Analyst are set out in the following table :—

TABLE XIV.

Articles.	No. of samples taken.	Number found to be genuine.	Not up to standard.
Milk	267	258	9
Butter	9	9	—
Spirits	4	4	—
Pressed Beef ...	2	2	—
Totals	282	273	9

Police court proceedings were instituted in three cases where milk failed to reach the standard. The fines and costs amounted to £6 4s. 0d. in one case while the two others were dismissed. In a few cases milk failed to reach the statutory limits but the Public Analyst was of opinion that the samples were genuine milk.

Milk (Special Designations) Order, 1923. There was one licence granted by the Ministry of Health for the production of “certified” milk. Six licences have been granted by the Corporation for the bottling and 29 for the sale of grade “A” (tuberculin tested) milk. One licence has been granted for the production and bottling and one licence for the sale of grade “A” milk.

There is no designated pasteurised milk sold in the borough but a very large proportion of the milk sold is in fact pasteurised by one method or another.

There are 221 retail purveyors of milk on the register, and 55 producers and wholesale traders selling milk in the borough, of whom 26 are resident outside the borough.

There are 26 cowsheds in the borough.

Effective supervision of the milk supply in all its aspects has been maintained.

Tuberculous Milk. During the year 40 samples of milk were examined for the presence of living tubercle bacilli at the National Institute for Research in Dairying.

Positive reports were received in four instances which represents 10 per cent. of the total number examined.

This return is in accord with the experience of recent years which indicates that rather more than 10 per cent. of the samples submitted for examination may be expected to be infected with bovine tuberculosis.

It should be noted that samples of milk from tuberculin tested herds and milk that is known to have been subjected to some form of pasteurization is not examined for the presence of tubercle bacillus.

As a large proportion of milk sold, particularly by the larger purveyors of milk, is in fact pasteurized though not sold as such, the danger from tuberculous milk is to that extent minimized. It is not always possible however, in view of the varying types of pasteurizing apparatus in use, to be quite certain of the efficiency of the methods adopted.

When a positive case of tuberculosis in milk is reported, a notification is sent to the Medical Officer of Health of the county in which the milk is produced and arrangements are made for the veterinary examination of the suspected herd.

In three of the positive cases notified during the year the infected animals were found and destroyed. Post-mortem examination in each case revealed advanced tuberculosis.

In the fourth case it was found that certain animals had been sold from the herd during the interval that elapsed between the date of taking the sample and the date of the bacteriological report. It was not possible to trace the animals but it is usual in such cases to find that they have been slaughtered.

Meat—Slaughterhouses. There is a block of 14 slaughterhouses owned by the corporation adjoining the public cattle market.

Of these, 12 are let to private tenants, the remaining two being retained for public use at fixed head rate charges for animals slaughtered.

In different parts of the borough there are also eight registered and two licensed slaughterhouses.

As mentioned in former reports all these slaughterhouses, excepting two of more recent construction, are of old design and very inconvenient.

The disposal of condemned meat and offal is carried out by a private trader under contract. No complaints have recently been received in regard to the conduct of this business.

A very large proportion of all slaughtering in the borough is carried out at the public abattoirs and practically all meat comes under effective inspection.

A very considerable trade is carried out at the public abattoirs for export to the London market.

Over 6,000 imported sheep carcasses were brought into the borough under embargo by the wholesale meat companies.

Sixty-two visits were made to these premises and not less than 10 per cent. of these carcasses were examined for the presence of caseous lymphadenitis.

During the year three cases of swine fever were discovered in animals slaughtered at the public abattoirs.

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
199 carcasses of beef	97	102
12 parts of carcasses of beef... ..	6	6
24 carcasses of veal	1	23
88 carcasses of pork	56	32
18 carcasses of mutton	—	18
4 part carcasses of mutton	—	4
651 heads or internal organs of beasts, pigs or sheep ...	480	171
234 lbs. of pork	—	234 lbs.
1,329½ lbs. of beef (imported)	—	1329½ lbs.
2,801 tins of assorted foodstuffs (imported)	—	2801 tins
484 lbs. of fish	—	484 lbs.
112 lbs. of bacon (imported)	—	112 lbs.
20 lbs. of mutton (imported)	—	20 lbs.
14 lbs. of beef	—	14 lbs.
66 oxtails	—	66 oxtails

There is a byelaw to enforce the humane slaughtering of all animals except pigs.

Merchandise Marks Act, 1926. Two hundred and ninety-three visits were made to shops and stalls in the open markets to ensure the carrying out of this Act. Generally speaking, the Act is now better observed but several warnings were given as to the non-marking or improper marking of goods displayed.

Kitchens and Ice Cream Shops. The standard of cleanliness of these premises has been maintained. Fifty-three visits were made and beyond a few minor infringements which were rectified no other action was considered necessary.

Local Government and Other Officers' Superannuation Act, 1922. The Medical Officer of Health is the medical referee for the Corporation in connection with appointments to the municipal service for the purposes of the above act.

The total number of medical examinations carried out up to the present time is 744, of which number 100 were during the past year.

GAS REGULATION ACT, 1920.

The Medical Officer of Health is also officially appointed gas examiner under the Gas Regulation Act, 1920. In accordance with the prescription of the gas referees, a weekly examination of the gas supplied by the Reading Gas Company has been made throughout the year.

Under the act the company undertakes to supply gas of an average calorific value of not less than 460 British thermal units gross per cubic foot, at not less than two inches pressure, and free from any trace of sulphuretted hydrogen.

The following table shews the average maintained throughout the year as recorded in the quarterly reports :—

	Number of testings made.	Average number of British thermal units per cubic ft.	Pressure in inches (average).	Sulphuretted hydrogen.
1st Quarter	13	461.1	6.8	No trace.
2nd Quarter	13	461.6	7.3	do.
3rd Quarter	13	462.5	7.4	do.
4th Quarter	13	461.7	7.0	do.

HOUSING.

There are approximately 24,000 inhabited houses in the borough.

During the year the total number of houses erected in the borough was 564, of which 280 were erected as part of the municipal housing scheme.

The total number of houses erected in the borough during the past six years including houses erected by the Council as well as those erected with the aid of a subsidy, and by unaided private enterprise, is as follows :—

Year.	No. of houses erected.				
1926	522
1927	552
1928	232
1929	478
1930	382
1931	564

Notwithstanding these totals the shortage of houses in the area still continues. The details of the census returns dealing with the number of inhabited houses, the number of occupiers, and the number of persons per house, are not yet available.

Overcrowding. Numerous cases of overcrowding are still reported but in the absence of alternative accommodation no effective steps can be taken to deal with this situation.

Fitness of Houses. Except for a nucleus of very old property the general standard of fitness of houses in the area is good. In accordance with the provisions of the Housing Act of 1930, the Housing Committee have now taken steps for the removal of the worst of these old insanitary houses.

The Act provides two principal methods for dealing with houses which are not and cannot (without virtual reconstruction) be made fit for human habitation :—

- (a) By demolition orders applied to individual houses ; and
- (b) By declaring a clearance area which declaration, subject to the confirmation of the Ministry of Health, requires the demolition of all the buildings in the area.

During the year demolition orders were made in respect of 24 individual houses. Amongst these houses were included certain properties which were notable in the earlier history of the borough. Commercial Hall, which was associated with the old cloth-making industry, and Union Square, which was originally the ancient almshouse of St. Mary's, Reading, have both been demolished under these orders.

The committee decided to deal with most of the insanitary property in the Coley area by means of a series of clearance orders :—

Clearance Order (Coley) No. 1 dealt with Alder Court, Rose Court, Holly Court and some houses in Coley Place, a total of 20 houses.

Clearance Order (Coley) No. 2 dealt with Hazel Court, Martha Place, Lime Court, Willow Court, Fir Court and Poplar Court, the area including a total of 25 houses.

Clearance Order (Coley) No. 3 dealt with Upper Vine Buildings and Lower Vine Buildings, together representing nine houses.

The orders in respect of each of these areas have already received the confirmation of the Ministry of Health.

A representation has been made in respect of Clearance Area (Coley) No. 4 which embraces Bosier's Square, Marshall Place, and certain properties in Coley Street. The proceedings in regard to this area (which embraces 23 houses) have not yet been completed.

The number of houses dealt with by these various demolition and clearance orders during the year, together with certain houses in the same areas dealt with at an earlier date, is 113. The proceedings in respect of 90 of these houses have been completed and in practically all cases the buildings have already been demolished.

All of these properties were considerably over 100 years old and many of them were the subject of an inquiry on sanitary grounds under the first Public Health Act in 1850. It is a matter for congratulation that so much progress has been made in the removal of these old and unhealthy houses which have long been a reproach to the borough.

Houses Let in Lodgings. Comment was made in the last annual report on the letting as separate tenements of rooms in old houses of the better class without proper reconstruction and without the provision of suitable sanitary accommodation and other conveniences.

The committee has under consideration the adoption of byelaws for the regulation and control of premises of this nature.

Details of the work done under the Housing Acts in a form prescribed by the Ministry of Health are set out as follows :—

1. Inspection of Dwelling-houses during the Year :—

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	736
	(b)	Number of inspections made for the purpose	...	...	...	3721
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	679
	(b)	Number of inspections made for the purpose	...	...	...	3436
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	24
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	448

2. Remedy of defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	407
---	-----	-----	-----

3. Action under Statutory Powers during the year :—

A. Proceedings under Section 17, 18 and 23 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	7
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—					
	(a) By owners	...	...	...	...	6
	(b) By local authority in default of owners	...	...	...	...	nil

B. Proceedings under Public Health Acts :—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	57
-----	--	-----	-----	-----	-----	----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	57
(b) By local authority in default of owners	nil

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	24
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	10

D. Proceedings under section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil

E. Proceedings under Section 3 of the Housing Act, 1925 :—...

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	nil
(b) By local authority in default of owners	nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	nil

F. Proceedings under Section 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which Closing Orders were made	nil
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	nil
(3) Number of dwelling-houses in respect of which Demolition Orders were made	13
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	10

Note.—Sections 11 to 15 of the Housing Act, 1925, have been repealed by the Housing Act, 1930, but the proviso to Section 64 of the Act of 1930 continues in force any Closing Orders and Demolition Orders made before the operation of the Act (15th August, 1930), and houses subject to those Orders must continue to be dealt with under the relative provisions of the Act of 1925.

MENTAL WELFARE.

The following tables show the numbers of mentally defective persons who were under the charge of the Authority at December 31st, 1931. Apart from 23 males and 45 females who are maintained in the Battle hospital, there are 33 male and 33 female defectives in institutions outside the borough, an increase of six on last year. There are in addition two males and three females who are maintained in outside institutions under

the Poor Law Act. Two defectives, one male and one female, died during the year 1931. It is hoped that Boro Court, the new joint institution, will shortly be available for the reception of patients.

			Males.		Females.
In institutions	...	...	33	...	33
Under guardianship	...	...	10	...	8
On licence from institution	...	...	3	...	—

Cases at Home—

(a) Under statutory supervision	...	...	94	...	62
(b) Under voluntary supervision	...	...	87	...	36

Cases examined during the year—

			Males.		Females.
Idiots	...	...	...	...	—
Imbeciles	...	...	3	...	1
Moral defective	...	...	1	...	—
Feeble-minded	...	...	1	...	2
Not mentally defective	...	...	2	...	3

Cases attending Occupation Centre—

			Males.		Females.
(a) Under statutory supervision	...	...	11	...	5
(b) Under voluntary supervision	...	...	3	...	3
(c) Under guardianship	...	...	2	...	5

COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1931.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Alderman E. O. Farrer, J.P.)

Aldermen.

FREDERICK ALFRED COX, J.P.	FREDERICK ARTHUR SARJEANT, C.B.E., J.P.
JOHN RABSON, J.P. (<i>Vice-Chairman</i>).	EDITH MARY SUTTON, J.P.
ARTHUR WILLIAM ALFRED WEBB, J.P.	

Councillors.

EDWIN DENNIS BERRY.	ALICE JENKINS, J.P.
ARTHUR FRANK CLARK.	DAVID SAUNDERS JONES, M.R.C.S., L.R.C.P.
FREDERICK WILLIAM DORMER.	WILFRED GORDON PALMER.
WILLIAM HARTNETT, M.B., J.P.	LORENZO EDWARD QUELCH, J.P.
GEORGE HERBERT ROSE HOLDEN, M.A., M.D.	WILLIAM HENRY SHORT (<i>Chairman</i>).
HELEN CORNELIA HULEATT.	DOROTHY ELEANOR WHEELER.

Co-opted Members.

Miss L. ASHCROFT.	Mr. HUGH MACILWAIN LAST, M.A.
Mr. HERBERT SAMUEL COOKE, M.A.	Miss HELEN ELIZABETH MUSSON, M.A., J.P.
Rev. F. J. KERNAN, B.A.	Dr. F. SIBLY.
Mr. WILLIAM EDWARD SIMKINS, B.Sc.	

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (Alderman E. O. Farrer, J.P.)

Aldermen.

JOHN RABSON, J.P.	EDITH MARY SUTTON, J.P.
ARTHUR WILLIAM ALFRED WEBB, J.P.	

Councillors.

ARTHUR FRANK CLARK.	ALICE JENKINS, J.P.
FREDERICK WILLIAM DORMER.	DAVID SAUNDERS JONES, M.R.C.S., L.R.C.P.
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Co-opted Members.

Miss L. ASHCROFT.	Mr. HERBERT SAMUEL COOKE, M.A.
Mr. WILLIAM EDWARD SIMKINS, B.Sc.	

COUNTY BOROUGH OF READING.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING.

April, 1932.

**TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.**

Ladies and Gentlemen,

I beg to submit the annual report on the medical inspection and treatment of school children.

The work is carried out in accordance with the requirements of the Board of Education. Each child is examined three times in its school life so that approximately one-third of the children in attendance come up for medical examination annually. In addition to these routine examinations any child suffering from a specific defect is submitted for special medical examination.

It is found as the result of routine medical examinations that 10.9 per cent. of all children attending schools are suffering from conditions requiring immediate medical treatment exclusive of children examined for particular defects. A further considerable percentage are found deficient in a less degree and are maintained under observation.

Considerable alterations and extensions in the school medical service have been effected during the year.

The appointment of Mr. W. L. Cooper-Jones, L.D.S., as an additional dentist will do much to overcome the arrears which had accumulated in the dental work of the schools. Miss M. S. Mackinnon, L.D.S., had emphasised this feature in previous reports. The long interval latterly amounting to nearly three years between dental inspections required a greatly increased amount of work to be done for each child when treated and in many cases meant the loss of permanent teeth which earlier inspection and treatment could have saved. Your attention is drawn to the report on the school dental work which indicates the scope of the work now undertaken.

The agreement between the committee and the Queen Victoria Nursing Institute by which the institute supplied the school nursing staff was terminated during the year. The committee now appoint five nurses directly. The new arrangement is found to work satisfactorily.

The transfer of the school clinic to the new premises in Queen's Road has also been carried out during the year. The building with the comparatively few alterations necessary lends itself well to the various services of the school medical department.

The attention of the committee is drawn to the note on child guidance clinics by Dr. Taylor. Increasing attention is being given to this subject which offers a solution of many behaviour and delinquency problems.

Dr. Bernfeld has continued the special clinic for the treatment of ear and nose defects by ionization and diastolisation respectively. Details of the work of these clinics are included in the report.

A further interesting departure has been made in the establishment of a class for the treatment of stammering and speech defects. Defects of this nature constitute a serious handicap to any boy or girl seeking employment.

All the members of the staff express their indebtedness to the teaching staffs of the schools for their hearty co-operation and assistance in the work and particularly in the teaching of hygiene which now finds a definite place in the syllabus of practically all schools.

The Committee learned with regret of the death during the year of Dr. J. A. P. Price, who had been so long associated with school medical work in Reading. The results of his work will long survive, especially in the special schools, in which he was particularly interested.

I am,

Your obedient servant,

H. J. MILLIGAN,

School Medical Officer.

STAFF.

Medical Officer of Health and School Medical Officer

H. J. MILLIGAN, M.C., M.D., D.P.H.
of Gray's Inn, Barrister-at-Law.

*Senior Assistant School Medical Officer
and Certifying Officer under the Mental Deficiency Act,*

J. MAXWELL TAYLOR, M.A., M.B., Ch.B., D.P.H.

Assistant School Medical Officer.

AGNES BERNFELD, L.S.A., D.P.H.

Dental Surgeons.

MARION SMITH MACKINNON, L.D.S.

WILLIAM LESLIE COOPER-JONES, L.D.S., R.C.S. (Eng.)

Nursing Staff.

Miss R. ATTWOOD.

Miss O. EDGAR.

Miss G. W. HAYNES.

Miss N. MORLEY.

Miss C. E. WELLS.

Instructress for Stammering and Speech Defects.

Mrs. M. H. WIGGLESWORTH.

Clerical Staff.

Miss W. M. DIX.

Miss M. C. DALZIEL.

SUMMARY.

The following tabular statement represents the numbers of children who came under review by the officers of the school medical department during the year :—

Children in average attendance at elementary schools	...	...	...	...	...	11,133
Elementary school children examined	...	...	...	...	...	4,296
Examined at secondary schools	...	...	...	...	...	448
Miscellaneous examinations (employed boys, etc.)	...	...	...	...	...	182
Treated at minor ailments clinic	...	...	...	...	...	885
Treated at ringworm clinic	...	...	...	...	...	25
Treated at eye clinic	...	...	...	...	...	645
Treated at ear clinic	...	...	...	...	...	215
Examinations by school dentists	...	...	...	...	...	5,341
Treated by school dentists	...	...	...	...	...	3,007
Total attendances at various clinics	...	...	...	...	...	25,890
Total examinations by nurses for cleanliness	...	...	...	...	...	34,890
Home visits by nurses	...	...	...	...	...	956
Number of baths given to children	...	...	...	...	...	182
<hr/>						
Number of meals provided for school children	...	...	...	...	...	58,909

SCHOOL MEDICAL REPORT.

1. STAFF.

The staff is detailed in the beginning of the report. The medical side has remained unaltered but one additional dentist has been appointed commencing duty on the 1st of September.

The arrangement whereby the nursing staff was supplied by the Queen Victoria Nursing Institute was terminated in October and five nurses are now employed directly by the Committee. This constitutes one extra nurse to assist the additional dentist. In September, an instructress was appointed to deal with stammering and other speech defects.

2. CO-ORDINATION.

The arrangements for the co-ordination of the school medical service with that of the health department has been set out fully in previous reports.

3. SCHOOL HYGIENE.

A general description of the schools has been given in previous reports. The work of modernising the schools has been continued, more particularly with regard to the sanitary arrangements. I am indebted to the Borough Surveyor's department for the following account of various improvements that have been carried out.

Sanitary Re-organisation. Obsolete apparatus was removed and modern water closets with individual flushes, together with fireclay urinal slabs with divisions were fitted to the undermentioned schools :—

Katesgrove school	all departments
Redlands school	all departments

About £200 has been spent on providing new enamelled cast iron drinking fountains to schools.

These fountains are arranged to deliver a jet of water in such a way that none can fall back into the jet and children are unable to place their mouths upon the actual jet.

Practically all the elementary schools are now fitted with these fountains.

Coley school. This school which is in the slum area has been entirely redecorated internally and externally in warm and light colours and a new boiler fitted.

Katesgrove school. The exterior of the girls' and infants' department has been painted and some of the windows lowered to improve the lighting.

A new practical room has been fitted up under the woodwork room ; both rooms have low pressure hot water heating in place of a coke stove.

Caversham Council school. Decorated externally and minor improvements made to natural lighting, by removing louvres over some of the windows.

Park Lane school. This school has been enlarged to provide accommodation for all junior and infant children, up to the age of 11 years, in Tilehurst. The number of classrooms has been increased from five to eight, the old classrooms being modernised and the lighting improved. It will no longer be necessary for children to sit with their backs to the light. All classrooms now face South-east. A school hall has been provided and the cloak-rooms have been modernised. The lavatory and sanitary accommodation has been modernised, an up-to-date system of central heating installed and gas light has been replaced by electricity.

General Improvements. Various minor improvements have been made to artificial lighting in schools, together with repairs and improvements to water services, cloak rooms and staircases, which in two instances have had extensive reconstruction to make them safer for the children.

Kendrick secondary girls' school has had a great improvement effected in the flushing apparatus of the W.C.'s and additional water storage has been provided in the Sidmouth house section.

School Clinic. During the summer of 1931, the old Kendrick boys' school in Queen's Road was converted to the uses of a clinic.

The building was structurally sound, while the rooms were fairly well adapted to serve as doctors' rooms, minor ailments clinics, dental surgery, recovery room, clerks and nurses' offices and also to provide for medical and dental waiting rooms, x-ray room, a nurses' rest room, and ample storage accommodation.

A cleansing room was also provided together with new low-pressure hot water heating, operated from a new boiler house. The building was thoroughly overhauled, additional sanitary apparatus fitted for both sexes and entirely new water service, together with gas and electrical service, was provided.

Teaching of Hygiene in the Schools. Hygiene continues to be taught regularly in nearly all departments of the schools. In the annual competition held during Empire Health Week under the auspices of the Royal Sanitary Institute, three Reading pupils, two boys and one girl, were amongst the prize winners.

Medical Inspection.

The number of children on the rolls of the elementary schools is 12,655 with an average attendance of 11,133·3. The former figure shows an increase of 78 on the number in the preceding year and the average attendance a decrease of 112·7. This decrease in average attendance is largely due to epidemics of influenza and measles during March, 1931.

The groups of children inspected are those set out in the recommendation of the Board of Education, namely :—

- (a) Those admitted to school during the year. Children who are admitted at three years of age are again examined on reaching the age of five.
- (b) Those between the ages of eight and nine years.
- (c) Those between the ages of 12 and 13 years and all older children who have not been examined after attaining 12 years. In the central schools the 15-year age group is also examined.

In addition to the routine groups examined, any child reported as suffering from a particular defect is examined specially, either in school or at the clinic.

Each school is visited four times a year, three times for routine inspections and once for re-inspections. This method enables close touch to be kept with the general health conditions in the schools.

The examinations are carried out on the school premises, either in a special room or in a classroom.

The numbers examined this year represent 38 per cent. of the average attendance. The subjoined table shows the average numbers examined in each group of routine and special cases and the average numbers of re-examinations each year since 1921 :—

	1921-1923	1924-1926	1927-1929	1930	1931
"Routine" examinations	4,618	4,371	4,419	4,151	4,296
"Special" examinations	1,789	1,597	1,531	1,533	1,413
Re-examinations	5,236	9,797	8,596	6,351	6,157

Findings of Medical Inspection.

The results of the routine medical inspections are set out in detail in Tables II. A and B, at the end of this report. In reviewing the findings no points of special note present themselves. For a number of years the group of defects allied to uncleanness—impetigo, scabies and ringworm—has been diminishing and the tables show that this diminution was continued during the past year. The percentages of other defects such as defective vision, enlarged tonsils and adenoids, and ear disease remain much as before.

- (a) **Uncleanliness.** The figures for 1931 show a further improvement. Now-a-days children with verminous clothing are never seen and cases of badly flea-bitten children are rare.

Table IV., Group V., gives the results of the nurses' cleanliness inspections in the schools.

The following figures show the prevalence of uncleanness of head and body at the routine medical inspections since 1921.

Average percentage of uncleanness :—

			1921-1923	1924-1926	1927-1929	1930	1931
Head	...	...	8.3	4.7	4.0	3.3	2.9
Body	...	...	2.5	2.0	1.0	.6	.6

In 1931, five prosecutions were undertaken under Section 87 of the Education Act, 1921. The parents were convicted and fined in all 32/6. Proceedings under the School Attendance Bye-Laws were taken in the case of 12 parents, and fines to a total amount of £4 17s. 6d. were inflicted. One case was dismissed on payment of 5/- costs.

(b) **Minor Ailments.** These complaints comprise impetigo, ringworm and sores. Most of these are seen as special cases at the school clinic.

Table showing the average number of principal skin complaints found at routine and special inspections since 1921 :—

			1921-1923	1924-1926	1927-1929	1930	1931
Ringworm,	head		116	59	45	40	52
„	body		73	55	33	37	35
Scabies	...	...	25	6	4	9	7
Impetigo	...	...	447	329	273	163	134

(c) **Tonsils and Adenoids.** The total number of cases requiring treatment or to be kept under observation was 210, or 4.9 per cent. compared with 5.8 per cent. in 1930. In this connection it is worthy of mention that in the different age groups this year, 16.9 per cent. of the leavers, 14.7 per cent. of the intermediates and 6.1 per cent. of the entrants had already been operated on.

(d) **Tuberculosis.** Five cases of suspected pulmonary tuberculosis were found. There were six non-pulmonary cases of which three were quiescent.

(e) **Skin Diseases.** Thirty-three cases, or .77 per cent. of those examined were found to be suffering from skin disease. These are considerably fewer than last year.

(f) **External Eye Disease.** There were 20 cases (chiefly blepharitis).

(g) **Vision.** The number of children with defective vision was 371 or 8.6 per cent. It should be noted that the vision of the entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be much larger than this. In the previous year the percentage was 9.9.

(h) **Ear Disease and Hearing.** Cases of defective hearing amounted to 1·1 per cent. and of discharging ears to 1·07 per cent. These figures are similar to last year's in both instances.

(i) **Dental Defects.** At the medical inspections, cases of dental caries are reported only if the disease is extensive or if it is considered that affected permanent teeth are capable of being saved. The results of the inspections by the dentist are shown elsewhere.

(j) **Crippling Defects and Deformities.** Eighty-two cases were noted at the routine inspections. There were six cases of infantile paralysis. Most of the others were round shoulders and flat foot. In 1930 the number was 51.

NUTRITION.

The tables given below show the average height and weight of the children examined at routine inspections during the year, with comparative figures for previous years and also figures obtained from a recent survey of elementary school children throughout the country.

ELEMENTARY SCHOOLS.

Height in Inches.

1931			English elementary school children,	Reading children, 1929.	Reading children, 1930.
Age.	No. of children.	Av. height of Reading children.			
5 $\frac{3}{12}$ (boys)	458	41 $\frac{1}{2}$	41·8	41 $\frac{1}{4}$	41
(girls)	440	41 $\frac{1}{2}$	41·5	41	40 $\frac{3}{4}$
8 $\frac{3}{12}$ (boys)	726	48 $\frac{1}{2}$	48·1	47 $\frac{3}{4}$	47 $\frac{3}{4}$
(girls)	654	48 $\frac{1}{4}$	47·8	47 $\frac{1}{2}$	47
12 $\frac{3}{12}$ (boys)	531	55 $\frac{1}{2}$	55·3	55	55
(girls)	507	56 $\frac{1}{2}$	55·9	55 $\frac{3}{4}$	55 $\frac{1}{2}$

Weight in Pounds.

1931			English elementary school children,	Reading children, 1929.	Reading children, 1930.
Age.	No. of children.	Av. weight of Reading children.			
5 $\frac{3}{12}$ (boys)	458	40 $\frac{3}{4}$	39·3	40 $\frac{1}{2}$	40 $\frac{3}{4}$
(girls)	440	40	38·1	39 $\frac{1}{4}$	40
8 $\frac{3}{12}$ (boys)	726	55	51·9	54 $\frac{3}{4}$	55 $\frac{1}{4}$
(girls)	654	53	50·2	52 $\frac{1}{2}$	52 $\frac{3}{4}$
12 $\frac{3}{12}$ (boys)	531	77 $\frac{1}{2}$	72·8	76 $\frac{1}{2}$	78 $\frac{1}{2}$
(girls)	507	80 $\frac{3}{4}$	75·1	77 $\frac{3}{4}$	78

It is satisfactory to note that on the whole the average heights and weights are well maintained and in some instances exceeded.

The following table, supplied by Mr. Winning, superintendent welfare officer, is interesting as giving some index of the general state of health of the children attending the elementary schools.

Average percentage of attendance in the public elementary schools of Reading during four-yearly periods from 1st April, 1871, to 31st March, 1931 (60 years).

Four years ended 31st March.				Average percentage of attendance.	
1875	...	...	...	73.0	
1879	...	...	...	74.7	
1883	...	...	...	77.9	
1887	...	...	...	78.3	
1891	...	...	...	80.3	
1895	...	...	...	85.2	
1899	...	...	...	84.8	
1903	...	...	...	84.9	
1907	...	...	...	87.9	
1911	...	...	...	86.8	
1915	...	...	...	88.2	
1919	...	...	...	86.2	
1923	...	...	...	88.5	
1927	...	...	...	88.7	
1931	...	...	...	88.9	

Infectious Diseases. The practice of the authority in the exclusion of children from school follows the principle laid down in the joint memorandum of the Ministry of Health and the Board of Education. The following summary shows the number of patients and contacts excluded during the year :—

				Patients.		Contacts.	
Scarlet fever	...	...	...	74	...	108	
Diphtheria	...	...	...	26	...	67	
Measles	...	...	...	673	...	364	

Following-up. Parents of all children with defects are notified and recommended to obtain medical advice. A “following-up” card is made out for each of these children and a list is also sent to the head teacher. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent to them to attend the school clinic. Once a year children with defects are re-inspected in the schools and when necessary, the nurses visit the homes. During the year 956 visits to the homes were made by the nurses.

The schools are divided into three groups to each of which a nurse is attached. The nurses attend all the medical and dental inspections, the minor ailments, inspection and other clinics of which the work is described under “treatment”. The nurses also undertake cleanliness surveys in the schools, each child being inspected once a term or oftener if necessary.

MEDICAL TREATMENT.

(a) **Minor Ailments.** The school clinic is open every morning from 8.30 a.m. till 12 noon. As will be seen from the treatment table, group I., the total number of cases treated, namely 885, is somewhat less than last year, when 938 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, ear defects and minor injuries. There was a decrease in all the classes of defects.

The total number of cases attending the ringworm of the scalp clinic during the year was 25, of which 23 were new cases. Of the new cases, six were treated by x-rays, the remainder being dealt with by local applications.

(b) **Tonsils and Adenoids.** The authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire hospital has been continued during the year. Nineteen children were operated on. All children are detained in hospital for one night or longer if required.

Seventy-five children received operative treatment apart from the special arrangements made by the committee and 62 of the less severe cases were treated by means other than operation.

(c) **Tuberculosis.** Cases of suspected tuberculosis are referred to the tuberculosis officer if they are not under a private doctor. In table III., and in the report of the open-air school will be seen particulars of children dealt with during the year.

OPHTHALMIC CLINIC.

A clinic for the diagnosis and treatment of defects of vision is carried on weekly (two sessions) and is conducted by Dr. Taylor. The number of attendances made was considerably larger than in previous years.

During the year 645 children, including 266 new cases attended and the total number of attendances was 1,463. Glasses were prescribed for 272 children and the following are the various errors of refraction from which they suffered :—

Myopia	...	...	...	...	...	88=32 per cent.
Myopic astigmatism		...	...	...	...	17= 6 „ „
Hypermetropia	...	...	...	...	...	81=30 „ „
Hypermetropic astigmatism			...	...	...	74=27 „ „
Mixed astigmatism		...	...	...	...	12= 3 „ „

Fifty-six children were found not to require glasses.

All children for whom glasses are prescribed are examined at intervals of one year. They are also seen at the re-inspections in the schools. There is an appreciable number of children who have eyesight somewhat below normal but provided they remain free from eyestrain and show no increase in short sight no glasses are prescribed. They are, however, kept under observation. In the examination of the eyes of children during the past few years some facts have been noted. In the first case, with regard to the causation of eye defects, although squints make their appear-

ance usually after one of the epidemic diseases such as whooping cough and measles and some cases of myopia appear after some debilitating illness, the main cause of defective eyesight, whether long or short sight is mainly hereditary. Again the general tendency during the growing period of long sight or hypermetropia to diminish and short sight or myopia to increase has also been noted. In the cases of hypermetropia observed over a period of years the tendency to diminish was 30 per cent and of myopia to increase 75 per cent.

Spectacles are provided through the agency of the Education committee the parents contributing to the cost in accordance with the terms of an income scale. Table IV., group II. on page 95 sets out in detail the numbers of children dealt with at the clinic or otherwise and the agency through which their defects of vision were remedied.

EAR, NOSE AND THROAT CLINIC.

An ear, nose and throat clinic is held every Saturday morning under the charge of Dr. Bernfeld. The following are the particulars of the work of the clinic during the year :—

No. of children attending	...	215
No. of new cases	...	147
Total number of attendances	...	807

New cases classified—

Otorrhoea	56	(four cases were reported to have occasional otorrhoea but none was discovered on examination).
-----------	-----	-----	----	---

Deafness without discharge	...	25
Throat and nose defects	...	62
Earache	...	4

Old cases who attended, classified :—

Otorrhoea	...	26
Deafness without discharge	...	3
Throat and nose defects	...	38
Earache	...	1

Result of treatment of old cases :—

				Cured.	Improved.
Otorrhoea	...	...	...	26	—
Deafness	...	...	...	2	1
Throat and nose defects	...	...	...	31	4
Earache	...	...	...	1	—

Ceased to attend, 3.

Result of treatment of new cases—

				Cured.	Improved.
Otorrhoea	...	...	...	31	7
Deafness (signed up for deaf school 1)				12	1
Throat and nose defects	...	...	...	11	45
Earache	...	...	...	4	—
Ceased to attend	...	...	27		
Referred to own doctor	...	6	(for otorrhoea, enlarged tonsils and nasal catarrh).		
Referred to hospital	...	2	(one for deflected septum and one for enlarged tonsils).		

Ionisation. This year 26 cases were ionised, 24 of which may be regarded as cured and two very much improved. Of these 26 cases one child had her right ear ionised in 1929. This year she developed scarlet fever and diphtheria and the left ear became infected and was ionised and cured. Another case ionised in 1926 became reinfected this year and had to be re-ionised.

The children who are still attending school since we started the treatment of ionisation in 1923 are seen once yearly. Of the 71 who have attended this year, 64 still remain cured ; the remaining seven became reinfected, one of whom had to have a mastoid operation and the other six are under the care of their own doctor.

Diastolisation. Forty-five cases have completed their cure this year. It is still giving satisfactory results as shown by the tables given in previous years (1929 and 1930). That it is of value is shown by parents telling other parents to bring children to this clinic for the special treatment they get.

All the necessary factors which lead to the condition of otorrhoea, deafness, etc., have to be taken into account and treated accordingly, as well as the purely local conditions.

DENTAL CLINIC.

I beg to submit the report on the school dental work done during the year :—

“ The most important happenings to record for the year are the appointment of a second dentist in September and the transfer of the clinic to more commodious premises in Queen’s Road.

With this increase in staff a considerable shortening between dental inspections will be effected and it is hoped that all schools will now be inspected in about 18 months. After that time, as the amount of treatment is found to be less after the shorter period between inspections, we shall probably be able to see the children even oftener.

To illustrate this point, when the interval between inspections was 16 months, the average number of attendances per child for treatment was 1·54 per cent., when it was two-and-a-half years it was 1·92 and this year with a three years’ interval it was 2·19.

That is to say, it took the same time to treat 100 children in the first instance, as it took to treat only 70 this year.

In his annual report for 1930, the chief medical officer of the Board of Education says, ‘ The aim of the school dental service should be to secure that as many children as possible shall leave school without the loss of permanent teeth, free from dental disease, and trained in the care of the teeth. The scheme should begin, as regards each child, with its entrance into school life, and should provide for an annual re-examination of each

child up to the end of school life, with the opportunity for treatment if necessary. No school dental scheme can be regarded as complete, which does not make this provision for the whole school population.'

Hitherto we have commenced school dental inspection with the six year old group, but as we have always found that a large number of children under six attend the clinic as casuals—these numbering 317 in 1931—we have decided to inspect these younger children in school, and have included them in inspections since September.

Thus all the children attending the elementary schools now come under the scheme.

The age of six was chosen in the first instance, as being the age when the first permanent molars erupt, but if the temporary teeth have been neglected, these teeth erupt into a septic mouth and very often decay very soon.

It seems more practical to begin treating the children at an earlier age and by eliminating septic conditions of the mouth and by treating caries which has not become too far advanced in the temporary dentition, to make their mouths in a more healthy condition before the first permanent teeth erupt and so give them a better chance to remain free from decay.

In a school where 78 children aged six and 53 aged seven were inspected, 43 were found to have decayed permanent teeth, and four of this number had one or two unsaveable first permanent molars. Unfortunately the parents of 14 of these children refused treatment, probably because the children were not at that moment suffering from toothache. Although the response to invitations for treatment continued to improve, it is a pity that not more parents believe in preventive measures.

This year more than 50 per cent. consents were obtained from five of the 11 schools inspected.

Two schools from which at the last dental inspection only 26 per cent. consents were obtained, have this year shown a remarkable improvement. These are St. Mary's to 42·6 per cent. and Katesgrove to 59·2 per cent.

This result has been in large measure due to the interest taken by the teachers in all health measures which benefit the children and by their having brought their influence to bear with the parents in this direction.

I should like at this point to say how much we appreciate the interest consistently shown by all teachers in the borough for our work and to thank them for their hearty co-operation.

In addition to the treatment of elementary school children, Reading school boys attended on 58 occasions, Kendrick school girls on 59 occasions, 42 children under school age received treatment on 57 occasions and 67 children referred from the welfare centres on 100 occasions.

Of the 1,033 permanent teeth extracted, 121 were removed for regulation purposes and seven were supernumerary teeth.

The average number of children inspected per session was 107·6 and the average number treated was 12·1 ; 85 per cent appointments were kept."

PHYSICAL TRAINING.

I am indebted to the organisers of physical training for the following report :—

"The year under review has been spent in developing the work of previous years.

Particular attention has been given to the re-organised schools from the following points of view :—

- (a) Revision of time-tables,
- (b) Schemes of work, and
- (c) Specialisation.

Considerable time has also been devoted to co-ordinating schemes of physical education for the whole of the child's school career, thereby minimising the danger of marking time when promotion takes place from infant to junior and junior to senior or central schools.

(a) The introduction of portable apparatus necessitates a longer period of the physical training lesson. The three twenty-minute periods have been replaced by two periods of 30 to 40 minutes duration.

(b) Work in the central and senior schools has been largely of an experimental nature particularly in those schools which have been supplied with portable apparatus. Physical training tables and lists of activity exercises have been compiled and are now in use in the schools where gymnastic apparatus has been provided. The Board's Supplement of Physical Education for Older Girls and the 'Reference Book of Physical Training for Boys' have each played an important part in this experimental work. During the current year it has been possible to supply the following schools with portable gymnastic apparatus :—

Alfred Sutton Central	Katesgrove Senior Boys
George Palmer Central	New Town Senior
Wilson Central	George Palmer Senior Girls
	Redlands Senior.

The following schools have still to be provided with similar apparatus :—

Tilehurst Norcot	Battle
Wilson Senior	Caversham Council.

A great effort has been made to get senior scholars to provide for themselves suitable clothing and rubber shoes. Many are responding, but much has still to be accomplished in the senior schools.

The provision of gymnastic apparatus has proved a great incentive in regard to suitable equipment.

In many schools the gymnasium tunic has been adopted for girls as a school uniform. This also has proved a great asset to the work. The junior schools are endeavouring to adopt some scheme for suitable clothing and footgear.

Organised Games Schemes. The existing progressive games schemes have been revised to meet the need of re-organised schools. The new schemes provide for the continuity of this part of physical education and comprise :—

(a) *Games for scholars under seven years of age.*

In this division no definite line is drawn as to the age period when the game should be played.

(b) *Games for the junior school.*

The games in this section are arranged to extend over the period from seven years to eleven plus. The scheme provides for a progressive course throughout the four years' tuition.

(c) *Games for senior and central schools.*

The games in this group cover a period of three years and allow a wide choice in both field and gymnastic games.

Organised games in the schools. A definite aim characterises the work in junior schools where the foundation is laid for field games of senior and central schools. It is pleasing to note the adaptability of these young scholars when promotion to a senior or central school takes place and field games become a serious part of their new environment.

On the fields—Netball and Hockey. There is a steady increase in the use of netball and hockey pitches in the public parks. Quite a number of scholars go to the fields despite cold winds and the greasy surface of the pitches. This is worth while for good must accrue from the love of open air and it speaks well for the enthusiasm of both staff and scholars. Application was made in July, 1931, for a hockey pitch in one of the playing fields at Tilehurst. Unfortunately it was not found possible to provide the girls of Norcot with the same facilities as other girls in the borough. It is hoped that it will be possible to extend facilities for the playing of hockey when application is made in the near future.

Football. Full use is being made of the pitches provided in the public parks. All boys of 11 plus take part in the various games arranged by the schools during the organised games period, thus approximately 2,000 boys are catered for in this way. The problem of suitable clothing still remains to be solved. A few schools have been able to overcome the difficulty by providing a football shirt for each boy, the general atmosphere of the games being improved in consequence. Arrangements have been made, where possible, for the older boys of the junior schools to have a weekly game in the field.

Cricket. The difficulty mentioned in the two previous reports in respect to the unsatisfactory condition of the ground where wickets have to be pitched still prevails and in consequence little if any progress is made. The need for improved facilities is an urgent one if the standard of play is to improve.

Athletics. A very keen interest is now shown by most schools in the various forms of athletics, many having their own 'sports day'. The introduction of the sports day into school life is undoubtedly an excellent innovation providing as it does for large numbers to take part in competitive sports on sound lines, many of whom would otherwise be debarred.

Swimming Summary, 1931—Instructional Classes. The inclement weather of last summer severely handicapped the Instructors in their work with the result that the numbers taught to swim show a decrease on that of the previous year. This fluctuation is bound to occur all the time instruction has to be carried out in cold water.

Girls—Of those making 50 per cent. or over attendances, 41 per cent. were taught to swim ; 129 in all were taught to swim.

Boys—758 started to attend, 260 were taught to swim.

Voluntary Association. Acknowledgment and appreciation are due to the following associations for their continued services to the children :—

Schools Athletic Association.

Schools Swimming Association.

Schools Football Association.

In conclusion we would express our thanks to the Education committee for practical sympathy and to the Chief Education Officer. We also tender our appreciation to head teachers and the teaching staff for their valued co-operation."

OPEN-AIR EDUCATION.

Arrangements are made in nearly all schools to hold classes in the playgrounds when the weather permits. In certain of the older schools where the playgrounds abut on the public streets such classes would not be easily practicable. Nature study walks are also frequently arranged, especially for the younger children and school journeys to places of interest in London and to various seaside places are undertaken by some of the classes.

As mentioned in a previous report, the new school at Shinfield is built on open-air lines. The work of the open-air classes at Whitley Special school is reported on below.

SCHOOL BATHS.

A large and well-lighted bathroom fitted with two baths and a spray is installed at St. Giles' (Church of England) boys' school. This enables practically all the boys attending the school to have a hot bath each

week. As the boys come mostly from homes where bathing facilities are very limited, the provision of school baths is undoubtedly a great boon.

No other elementary school has yet been equipped with baths.

PROVISION OF MEALS.

During the year 393 children received free meals, 58,909 meals in all being provided. The meals are cooked at the central kitchen in Southampton Street, and distributed to two additional centres, in Newtown and Shinfield. Dinners only have been provided. The quality of the food provided and the manner of distribution are satisfactory.

In view of the importance of milk in the diet of the growing child, it is interesting to record that an increasing number of the scholars attending the Reading elementary schools get a supply of milk at the morning interval. Part of this is grade A (tuberculin tested) milk, and a considerable amount is supplied in bottles holding one-third of a pint. The latter method has proved very convenient and will doubtless be further extended.

CO-OPERATION OF PARENTS.

The attendance of parents at medical inspections very considerably facilitates the work of the school medical officers and it is evident that parents are becoming increasingly interested, the percentage of attendance having risen within the last few years from 43 per cent. to 74·1 per cent. At the entrant inspections, the attendance of parents reached the high total of 90 per cent. For the intermediates and leavers' inspections it was 77·3 and 50·6 per cent. respectively.

Thirty-six parents objected to the medical inspection of their children, representing ·8 per cent of all children examined.

CO-OPERATION OF TEACHERS.

Reference has been made in the past to the many ways in which the work of the school medical service is helped by the ready co-operation of the teachers. This help has been given unstintingly in the past year. Perhaps reference might be made to the additional demand on their services caused by the mid-day supply of milk to the scholars.

CO-OPERATION OF SCHOOL WELFARE VISITORS.

There is a cordial co-operation between the school medical department and the welfare visitors whose help is particularly valuable in the investigation of crippling defects in children who may be absent from school for lengthened periods.

Moreover, any medical records which the welfare visitors obtain are available for the information of the school medical service. The prosecution of parents who have wilfully neglected to keep their children clean is carried out through the welfare department.

CO-OPERATION OF VOLUNTARY BODIES.

National Society for the Prevention of Cruelty to Children. I am indebted to Inspector Grocott of the local branch for the following details of the work carried out during the past year :—

Number of cases dealt with.	Type of case.	Number of children concerned	Number of visits paid.
54	Neglect	176	221
3	Exposure	6	—
4	Ill-treatment	7	4
2	Other reasons	9	—
23	Advice sought	43	49

The total number of cases dealt with was 86, 24 of which were still under supervision at the end of the year.

In a number of cases where the necessity arose, clothing, etc., was supplied. Toys were also supplied to a number of the poorer cases for the children at Christmas.

Red Cross Orthopaedic Fund. This Association has continued to perform a very valuable work during the year in assisting the provision of the necessary appliances for crippled children whose parents are unable to meet the costs and in encouraging such children to continue in attendance at the orthopaedic clinics.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 179 boys engaged in the distribution of milk or newspapers were examined at the clinic and 71 boys engaged in other occupations were examined in the schools. Five of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Eighteen employers were interviewed with regard to their employing boys beyond the legal number of hours and two were prosecuted for three offences. Fines were inflicted in two cases and the remaining case was dismissed under the Probation of Offenders' Act, subject to the defendant paying costs.

A medical report of each of the "leavers" is recorded on the cards of the juvenile employment bureau.

MISCELLANEOUS.

Three pupil teachers and 80 scholarship candidates were examined. Five boys were examined for admission to the "Warspite" training ship. Of these, four were considered suitable on medical grounds for admission and one unsuitable. Three of the applicants were successful in passing the final medical examination and were admitted to the "Warspite" training ship.

EXCEPTIONAL CHILDREN.

Table III. in the Appendix gives statistics regarding the school children in the Reading area who require more specialised treatment, educational or medical. They are conveniently classed together as the "Blind, Deaf, Defective and Epileptic". A register is kept of all children found to be suffering from those defects and it is kept up-to-date through the instrumentality of teachers, welfare visitors and health visitors who are continually referring cases. During the year, the following cases were examined at the weekly clinic which is held for that purpose.

				Boys.	Girls.
Blind (partially)	...	...	...	—	1
Deaf and dumb	...	...	...	2	—
Feeble-minded	...	...	...	11	4
Imbecile	...	...	...	1	1
Epilepsy	...	...	...	—	3
Phthisis and suspected phthisis or delicate children	...	...	...	12	8
Paralysis	...	...	...	2	1
Cardiac	...	...	...	4	2
Other defects	...	...	...	4	2
Backward	...	...	...	2	—
No defect	...	...	...	—	2
				—	—
				38	24
				—	—

Blind and Deaf. These children are maintained at residential institutions not directly controlled by the committee. There is no "Myope" class owing to the numbers being insufficient to warrant one being formed. If the defect of vision is so great that the child cannot be reasonably educated in the ordinary school he is sent to a school for the partially blind. Five Reading children come under this description and have been sent to residential schools.

Mentally Defective. These children are educated at the special day school and are described in the report. Four are maintained in institutions.

Tuberculosis. These children come under the charge of the public health department. Incipient cases attend the open-air school.

Crippling Defects and Orthopaedics. The committee has not as yet established a scheme of its own for the treatment of these defects but in fact they all receive treatment at the Royal Berkshire hospital or occasionally at one of the London hospitals. During the year two boys received institutional treatment, one at Headington and the other at Hayling.

The Health committee of the council also provided institutional treatment at Headington for 7 children of school age who were suffering from non-pulmonary tuberculosis.

In four instances, monetary assistance was given towards the supply of surgical appliances for physically defective school children.

A considerable amount of assistance is also available for crippled children through voluntary agencies in the town.

The following table gives a description of the Reading school children under treatment at the Royal Berkshire hospital during the year :—

			Boys.	Girls.
Tubercular bone disease ...	...	...	5	2
Congenital deformities ...	...	...	7	3
Spastic paralysis ...	...	...	1	3
Infantile paralysis ...	...	...	4	1
Other defects ...	...	...	2	1
			—	—
			19	10
			—	—

Cardiac Cases. A register is kept of all children suffering from heart defects and they are kept under observation. The total number is 28 boys and 42 girls. Thirteen boys and seven girls in whom the defect is more pronounced attend the Whitley special day school.

WHITLEY SPECIAL SCHOOL.

I am indebted to Dr. Taylor for the following report on the work of the special school :—

“ The general management of and the work in the three departments has been carried out on the lines of previous years. There is still a certain amount of pressure on the accommodation in the mentally defective side, particularly for boys.

In January last, Mr. White was appointed to succeed the late Mr. Sloan and is doing very good work in the shoe-repairing workshop.

In August, the death occurred of Dr. J. A. P. Price who had been medical officer to the special schools since their initiation in 1900 until his resignation in 1930. A large framed photograph of Dr. Price, presented to the school by his widow has been placed in the headmistress' room and a pedestal gramophone has been purchased by friends from a fund subscribed in his memory.

I am much indebted to Miss Hickson, the headmistress and her staff for their kind assistance in my work at the school and in writing this report."

The number of children in attendance at the physically defective and the mentally defective schools was as follows :—

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1931 ...	70	32	33	25	39	19
Admitted during the year ...	10	7	6	5	14	8
Left during the year ...	13	4	15	10	13	7
On roll December, 1931 ...	67	35	24	20	40	20

LEAVERS.

The following record shows the destination of children who left the various schools during the year.

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
For employment (industrial) ...	6	...	8	...	3	...
For employment (domestic) ...	...	1	...	4	1	1
Returned to ordinary school ...	...	...	3	1	9	5
Too ill to attend ...	...	...	1	...	...	...
Left the district ...	...	...	...	3	...	...
Sent to an institution ...	2	1	...	1	...	...
Reported to Local Authority for care of mentally defective and kept under observation	5	...	...	...	...	...
Left for hospital treatment ...	...	...	1	...	...	...
Transferred to M.D. School ...	...	...	1	...	...	1
Left for Cripple Home ...	...	...	...	...	...	...
Deceased ...	...	...	...	1	...	...
Left unfit for employment ...	...	1	1	...	...	...
Sent to Sanatoria ...	...	...	...	...	...	...
Transferred to P.D. School ...	...	1	...	...	...	...

PHYSICALLY DEFECTIVE SCHOOL.

There have been 69 children in attendance at this school during the year with the following disabilities.

Cardiac ...	22
Paralysis—(a) Birth ...	7
„ (b) Infantile ...	10
„ (c) Pseudo hypertrophic ...	1
Tuberculosis (osseous) ...	4
Deformities (congenital talipes, etc.) ...	11
Epilepsy (minor) ...	3
Other defects ...	11

All the cases of paralysis and deformity have been under treatment at the Royal Berkshire or London hospitals. Thirteen are at present in attendance as out-patients at the former hospital.

MENTALLY DEFECTIVE SCHOOL.

One hundred and nineteen children have attended during the year. An inquiry is made into the family history of each of these children which so far as it can be ascertained tends to throw light in many cases on the cause of the mental defect. The inquiry revealed in parents, grandparents, or other near relatives a history of:—

Tuberculosis	...	...	...	...	5
Alcoholism	...	...	...	...	2
Backwardness	...	...	...	...	18
Epilepsy	...	...	...	...	3
Dementia and amentia...		...	...	...	40
Not known or normal	...	...	...	...	50
Pseudo hypertrophic		...	.....	...	1

Of those children whose antecedent histories are recorded as not known or normal, brothers and sisters were in many instances feeble-minded and had been pupils at this school in the past.

In addition to their mental defect, many of the children suffer from marked physical disability as shown:—

Defective speech or hearing	...	...	...	15
Defective vision (including squint)	...	...	...	15
Mouth breathers	...	...	...	6
Infantile paralysis and deformities				6
Congenital heart disease	...	...	...	2
Moral defect	...	...	...	1

THE OPEN AIR SCHOOL.

There have been 53 boys and 27 girls in attendance at this school during the year. All of these children have been examined and recommended by Dr. Minkley, the tuberculosis medical officer, and are kept under his supervision during the period of their stay at the school. Charts of temperature and of height and weight are kept for all the children, and breakfasts, dinners, teas and a pint of "Grade A" milk are provided daily for each. Malt and cod liver oil are also given.

AFTER-CARE TABLE.

	Mentally Defective School.		Physically Defective School.		Open-Air School.	
	Boys	Girls	Boys	Girls	Boys	Girls
1. Number of children who have left school since 1910	186	116	122	123	165	148
2. Number who—						
(a) have since died	10	11	12	20	4	3
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	14	14	4	11	..	...
(c) are in attendance at an—						
(1) Institution for further education ...	14	18	5	5	...	...
(2) The occupation centre	14	12	..	...	...	...
(d) are in any other institution	12	8	2	...	...	...
(e) Transferred to sanatoria ... ..	...	...	...	...	3	3
(f) Left for hospital treatment ... ..	...	...	1	1	1	1
3. Number who are employed in—						
(a) Industrial or manual occupations ...	77	22	20	11	27	26
(b) Agricultural or rural occupations ...	...	...	3	1	6	...
(c) Domestic occupation, including those who are helping in the domestic work at home ...	2	11	1	16	4	29
(d) Commercial, professional or clerical work ...	...	...	4	4	8	6
(e) Blind alley or other precarious occupations ...	...	...	6	...	9	...
(f) Married and remaining at home ...	12	8	...	13	...	6
4. Number who have left the neighbourhood whose after-careers have not been traced	16	8	24	17	13	16
5. In the services or pensioned	1	...	...	..	4	...
6. Transferred to ordinary schools ... ..	...	...	17	6	66	37
7. Transferred to other special schools	1	2	8	10	6	6
8. Children unfit to attend school	4	...	9	7	8	12
9. Unemployed	9	2	6	1	6	2
10. Too irregular to benefit ... ..	...	...	...	..	...	1
Totals ..	186	116	122	123	165	148

STAMMERING.

Replies to a circular letter addressed to the head teachers asking for a return of the names of all scholars suffering from stammering (lispings and cleft palate were excluded) showed that 83 boys and 13 girls were handicapped by this defect. Accordingly the Education Committee decided to make an appointment with a view to providing remedial treatment for these sufferers. Mrs. M. H. Wigglesworth was appointed and took up her duties in September.

With regard to the treatment of this condition it has been found satisfactory to begin training cases at about the age of 10 years, for if the child is younger there is difficulty in transit if he lives some distance from the centre and also younger children as a rule fail to understand the necessity of perseverance and do not read sufficiently well to derive full benefit from the course.

Two classes have been formed, 12 boys and nine girls, meeting for one hour twice a week. I am indebted to Mrs. Wigglesworth for the following interesting account of her work and methods :—

Stammerers' Clinic.

“Stammering is a nervous disorder, which gives rise to muscular tension, accompanied by a strained expression and lack of self-assertion. It often leads an otherwise intelligent individual to develop an inferiority complex. He becomes shy and self conscious, unable to take the initiative or to express himself in any coherent way.

Stammering is caused by some external agent, such as shock or fear, or by the complications following some serious illness upsetting the normal mechanism of speech. It forms a neurosis which concentrates on speech because of the existence of a congenital tendency, *i.e.*, poor physique, particularly affecting the breathing apparatus or organs of speech, nervous instability, or heredity. In every case one studies one can trace these two causes. We find a boy, whose father stammered as a child, talking normally until, when nine years old, he is run over and he begins to stammer while still in hospital ; or, the girl, with a poor chest development, constant colds, who, being the first at the age of 12 to discover her grannie sitting dead in her chair, stammered immediately when trying to tell what she had found. These two cases are being treated in the clinic and progressing favourably.

It will easily be understood that if a stammerer is to take his place in the world, he must be given back his self confidence and self esteem which the neurosis has taken from him. In these days, no boy or girl can compete for a job, with halting speech, a blushing face and fidgety nervous movements. A stammerer is usually highly intelligent and the minute the nervous tension is broken, he finds he can control his thoughts, concentrate on the meaning of what he wishes to say and express himself like a normal individual.

The treatment consists, therefore, in endeavouring to give this self-confidence. The muscular tension has to be broken and a feeling of ease aroused. Complete relaxation is taught and practised at every treatment. The patient is then encouraged to try and get this feeling of ease while talking. This can only be done by insisting on his concentrating his whole mind on the meaning of what is to be expressed, thus allowing the words to flow easily. This is a great difficulty for a stammerer. He has formed a habit of thinking of two things at once :—

(a) The words or sounds he is going to use (he can usually tell you beforehand on what words he will stammer) ;

(b) The meaning of what he wishes to say.

The moment he is able to concentrate entirely on the latter he will speak easily.

Breathing exercises are of course necessary. A stammerer seldom has enough breath to finish his sentence. He often lets it all go on the first

word and then tries to finish the sentence in a whisper. Therefore one gives exercises for breath control and these form an important part in developing good tone in the speaking voice. A stammerer never stammers when he sings, for obvious reasons.

All these physical exercises are given as suggestional treatment so that the patient realises that if he feels easy, thinks of the meaning and controls his breath, he must, automatically as it were, speak well.

But treatment alone will not cure a stammer ; one has to investigate the family history for the cause and make sure all difficulties are cleared away. One has to try to persuade the parents to be patient, helpful and encouraging and insist on good food, plenty of sleep and fresh air. In the same way it is helpful to meet the teacher who is most with the patient in school hours, to get his co-operation and understanding so that he may stop any unkindness he may see on the part of other boys and help the child to get that feeling of ease that is so essential to a complete cure.

The classes at the school clinic have not been in existence long enough yet to speak of results. But one boy who could only have one term's treatment because he had to leave school, has been able to procure a job at once and has reported to the clinic that no one knows he has ever stammered and he is always able to control it when necessary. Another girl has changed her school and is trying to go all through her first term without her teacher at the new school knowing she has ever stammered. She has not told them why she has to attend the school clinic twice a week ; the result of this is greater confidence, better control and it is hoped, a speedy cure.

Child Guidance.

In reviewing the progress of the school medical service through the quarter of a century of its existence one notes that it has been occupied mainly with the bodily health of the child. The findings of medical inspection soon made it obvious that there were many children, suffering from physical defects which required treatment whilst there were others so defective that they could not take their places in the ordinary school. Means of treatment then had to be provided for them and the scheme of treatment is now fairly complete whether provided by private practitioner, hospital or clinic. While it may be said that we have been aiming at making each individual child physically fit to profit by the education offered to it, underlying the whole is the idea of the prevention of disease by dealing with it in its beginnings. More recently the preventive aspect has had strong emphasis thrown on it by the greater attention paid to physical education, the teaching of hygiene, school meals, the modernisation of school buildings on open-air lines and other activities in those directions.

We have now reached a further stage. Having done our best to grapple with the problem of physical defects we turn to those of the mind. A

healthy body very often implies a healthy mind, but unfortunately it does not always do so. One finds many instances to the contrary. Defects of the mind may be divided into major and minor. In the former class we would place insanity, epilepsy and mental deficiency. Insanity is very rare in the child. Epilepsy is more common and provision for dealing with it has been made to a large extent though there is still a great lack of institutions for prolonged treatment of severe cases. Mental deficiency is dealt with in the special schools and elsewhere.

It is the second group, the minor ailments of the mind that has brought into being the child guidance clinic. Sir George Newman in his latest report on the 'Health of the School Child' refers to them. 'There is' he says, 'a variety of behaviour problems to which, up to the present, scant attention has been paid, and yet which may prove not only of serious moment to the child and to those about him but also have significant bearing on the mental health and capacity in later years. Abnormal behaviour, anti-social conduct, and many neuroses and eccentricities may be evidence of departure from the child's full normal health. Some of these conditions may be of little or no significance, comparable, in fact, to a common cold or to some transient digestive disturbance, whilst others, though not apparently serious in themselves, may recur frequently and the child may prove, for a time at least, a nuisance in the home and in the school—on the road to juvenile delinquency or some form of mental disorder.'

One has often heard experienced teachers express the opinion that of late years there has been an increase in the amount of nervousness amongst school children—a matter which may have a bearing on the suggested increase in the number of mental defectives. Much of this nervousness has been attributed to the after-effects of the Great War, to attendance at cinematograph entertainments, to the speeding up of street traffic and to other accompaniments of our modern civilisation. Amongst the minor manifestations of the nervous child nail-biting is very prevalent. In a senior girls' school 30 per cent. were addicted more or less to this habit. A similar percentage was found amongst boys and girls in a central school—the worst cases occurring amongst the girls. As against this a census of stammerers was taken in all the schools and the numbers found were boys 83, girls 13. Headaches, another minor manifestation, was not found to be prevalent.

With a view to getting some idea of the number of 'mal-adjusted' children in the schools, a circular letter was sent round asking for a return of the names of all children exhibiting the following symptoms :—

- (1) Unusual nervousness ;
- (2) Misbehaviour shown in general lack of control ;
- (3) Truancy ;
- (4) Other abnormalities in behaviour.

The matter is obviously one which presents difficulties in interpretation and it is possible that different interpretations were given to the letter

by the teachers. Still the replies were most interesting and contained much valuable information. We wish to thank the teachers for the trouble they have taken in preparing the lists and for their notes on the children. The following table gives the number and age and sex distribution :—

Mal-adjusted Children.

Age.		Boys.		Girls.		Total.
5	...	12	...	1	...	13
6	...	10	...	4	...	14
7	...	22	...	5	...	27
8	...	28	...	8	...	36
9	...	25	...	11	...	36
10	...	17	...	5	...	22
11	...	12	...	2	...	14
12	...	8	...	3	...	11
13	...	8	...	3	...	11
14	...	1	...	1	...	2
		<hr/> 143		<hr/> 43		<hr/> 186

The most striking feature of the table is the great preponderance of boys who form three fourths of the total. Most of the cases appear in the younger age groups. Doubtless some children take longer than others to adjust themselves to the school environment and perhaps some of the younger ones may prove to be feeble-minded. As regards the distribution in the various schools, it was found that, while two or three of the infant and junior departments supplied the bulk of the cases, there was a sprinkling in the other departments with the exception of 11 with a child population of 2,500 which gave nil returns. As the total of the child population in the schools is about 12,750 the percentage of 'mal-adjusted' children would appear to be 1·5. This estimate is of course subject to a further scrutiny of the individual children. The important question of 'backwardness' was not made the subject of inquiry as it was felt that that might swell the totals unduly. At any rate it would seem that a case has been made out for taking the matter in hand. As has been pointed out many of these minor mental defects of childhood grow into the fully fledged neuroses and psychoses of the adult. It is obviously of great importance to deal with this problem from its preventive aspect, that is, its beginnings in the young child."

NURSERY SCHOOLS.

There are no nursery schools in Reading but the practice has been continued during the past year of admitting children under five years where it was considered advisable owing to exceptional family conditions.

Two hundred and thirty-one under-fives were on the school registers. These children are medically inspected as entrants and again when they reach the age of five years. A few cases of minor ailments amongst children under five who do not attend school are treated at the minor ailments clinic.

SECONDARY SCHOOLS.

The results of the examinations of the Reading school and the Kendrick girls' school are set out in the table on page 97. At the Kendrick school there are examined all entrants and children aged 12 and 15 years and yearly after 15. At Reading school the entrants are examined and boys aged, 8, 12 and 15 years. It will be seen that the main defects to which attention is drawn in both schools are carious teeth and errors of refraction. Attention has also been given to minor deformities, the result chiefly of defective carriage and to conditions of sub-nutrition arising from insufficient rest.

Re-inspections were carried out at both schools and in the majority of cases treatment had already been provided or arranged. Dental treatment was provided for 22 boys and 21 girls at the education committee's clinic and 10 boys and 27 girls attended the ophthalmic clinic.

TABLE I.

A.—Routine Medical Inspections.

Number of code group inspections :—

Entrants	...	...	...	...	1,462
Intermediates	...	...	...	...	1,633
Leavers ...	...	...	...	...	1,119
Total					4,214

Number of other Routine Inspections ... 82

B. Other Inspections.

Number of special inspections	...	...	1,413
Number of re-inspections	...	...	6,157
Total			7,570

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1931.

Defect or Disease.						Routine Inspections. No. of Defects.		Special Inspections. No. of Defects	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition ... ..						...	156	7	4
Uncleanliness (see table IV., group V.) ... ..						...	...	...	...
Skin	{	Ringworm { Scalp	...	..	...	1	...	51	...
		Body	...	...	...	2	1	32	...
		Scabies ..	...	...	...	...	...	7	...
		Impetigo ..	...	...	...	5	...	129	...
		Other Diseases (Non-tuberculous)	...	...	...	23	2	73	...
Eye	{	Blepharitis ...	...	...	...	16	...	19	...
		Conjunctivitis	...	...	...	4	...	44	...
		Keratitis ...	...	..	...	...	...	3	...
		Corneal Opacities	...	...	..	...	...	1	..
		Defective Vision (excluding squint)	...	...	...	149	172	36	4
		Squint ...	...	...	...	32	18	9	1
		Other Conditions ..	...	...	...	5	4	23	2
Ear	{	Defective Hearing ..	..	...	...	39	9	19	...
		Otitis Media ...	...	...	...	43	3	50	...
		Other Ear Diseases ..	...	..	..	1	...	7	...
Nose and Throat	{	Enlarged Tonsils only ...	...	...	...	35	131	19	...
		Adenoids only	...	...	...	...	...	...	...
		Enlarged Tonsils and Adenoids	...	...	...	33	11	8	1
		Other Conditions ...	...	...	...	72	45	26	1
Enlarged Cervical Glands (non-tuberculous) ... ..						...	5	7	...
Defective Speech						3	39	1	1
Teeth—Dental Diseases (see table IV., group IV.)						174	1	12	...
Heart and Circulation	{	Heart Disease :—Organic	...	...	...	...	24	1	2
		Functional	...	...	...	...	5	...	2
		Anæmia	...	...	...	5	...	7	...
Lungs	{	Bronchitis ...	...	...	...	...	...	...	...
		Other Non-Tuberculous Diseases	...	...	...	12	15	3	2
Tuberculosis	{	Pulmonary :—	Definite	...	...	..	...	...	...
			Suspected	...	..	1	4	2	1
		Non-Pulmonary :—	Glands	...	..	3	2	2	...
			Spine	...	...	1	...	1	...
			Hip	...	...	..	...	2	...
			Other Bones and Joints	...	...	...	...	...	...
			Skin	...	...	...	...	...	...
			Other forms	...	...	...	...	...	...
Nervous System	{	Epilepsy ...	...	..	...	1	1	...	2
		Chorea ...	...	...	...	1	1	2	...
		Other Conditions	...	...	...	2	8	2	3
Deformities	{	Rickets ...	...	...	...	...	...	...	...
		Spinal Curvature	...	...	...	...	...	...	...
		Other Forms...	...	...	..	28	54	...	2
Other Defects or Diseases						30	40	741	33

TABLE II. (continued)

B. Number of *Individual Children* found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups—			
Entrants	1462	150	10.3
Intermediates	1633	204	12.5
Leavers	1119	105	9.4
Total (Code Groups)	4214	459	10.9
Other routine inspections	82	11	13.4

TABLE III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease ...			4	2	6*
Blind (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ...	—	1	1
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ...	4	1	5
		At Public Elementary Schools (including Whitley Special School) ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	1	1
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ...	8	4	12
		At Public Elementary Schools (including Whitley Special School) ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	—	1	1
		At Public Elementary Schools (including Whitley Special School) ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority.	At Certified Schools for Mentally Defective Children ...	67	35	102
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	2	2	4
		At no School or Institution ...	—	—	—
	Notified to the Local Mental Deficiency Authority during the year.	(See form 307 M on page 98.)			

* 1 boy, blind and paralysed, attends no school.

2 boys and 2 girls, feeble-minded and with paralysis of limbs, attend Whitley Day Special School.

1 boy, feeble-minded with minor epilepsy attends Whitley Special School.

TABLE III. (*continued*).

			Boys.	Girls.	Total
Epileptics	Suffering from severe epilepsy	At Certified Schools for Epileptics ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools (including Whitley Special School) ... At other Institutions ... At no School or Institution ...	— — — — — —	2 — 1 — — 2	2 — 1 — — 2
	Suffering from epilepsy which is not severe.	At Public Elementary Schools (including Whitley Special School) ... At no School or Institution ...	1 —	1 —	2 —
Physically defective	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools (including Whitley Special Schools) ... At other Institutions ... At no School or Institution ...	1 — 6 — — 1	1 — 4 — — 5	2 — 10 — — 6
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools (including Whitley Special School) ... At other Institutions ... At no School or Institution ...	— — 3 3 — —	— — 5 9 — 1	— — 8 12 — 1
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools (including Whitley Special School) ... At other Institutions ... At no School or Institution ...	— — 3 — — —	— — 1 6 1 —	— — 4 6 1 —
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools (including Whitley Special School) ... At other Institutions ... At no School or Institution ...	— — 3 1 — —	— — — 2 — —	— — 3 3 — —

TABLE III. (*continued*).

			Boys.	Girls.	Total
Physically Defective (<i>continued</i>)	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	2	5
		At Public Elementary Schools (including Whitley Special School)	—	—	—
		At other Institutions	—	1	1
		At no School or Institution	—	—	—
	Tuberculosis of other organs. (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools (including Whitley Special School)	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	25	10	35
		At Public Elementary Schools (including Whitley Special School)	36	37	73
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	1	—	1
		At Certified Day Cripple Schools	24	20	44
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools (including Whitley Special School)	16	13	29
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	13	7	20
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools (including Whitley Special School)	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

TABLE IV.

Return of Defects treated during the Year
ended 31st December, 1931.

TREATMENT TABLE.

Group I.—Minor Ailments

(excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm—Scalp	25	31	56
Ringworm—Body	30	4	34
Scabies	7	...	7
Impetigo	121	13	134
Other Skin Disease	38	58	96
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.)	68	20	88
Minor Ear Defects	85	74	159
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	511	243	754
Total ...	885	443	1328

Group II.—Defective Vision and Squint (excluding Minor Eye Defects
treated as Minor Ailments—Group I.).

Defect or disease. (1)	Number of defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (operations for Squint should be recorded separately in the body of the report).	635	1	...	636
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.) ...	10	1	...	11
Total ...	645	2	...	647

total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme 272

(b) Otherwise 1

total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme 236

(b) Otherwise 1

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
19	75	94	62	156

Group IV.—Dental Defects.

(1) Number of children who were :—

(a) Inspected by the dentist.

Aged :—

ged :—		{			3	...	17	}	Total—4,411
		{			4	...	64		
		{			5	...	324		
		{			6	...	505		
		{			7	...	534		
		{			8	...	550		
Age Groups		{			9	...	574		
		{			10	...	657		
		{			11	...	480		
		{			12	...	310		
		{			13	...	267		
		{			14	...	120		
		{			15	...	9		
Specials		...	...	930			

Grand Total 5,341

(b) Found to require treatment	...	...	...	3752
(c) Actually treated	...	...	...	3007
(2) Half-days devoted to	{ inspection	41	} Total	...
	{ treatment	545		
(3) Attendances made by children for treatment	...	...	...	6595
(4) Fillings	{ permanent teeth	1698	} Total	...
	{ temporary teeth	301		
(5) Extractions	{ permanent teeth	1033	} Total	...
	{ temporary teeth	6434		
(6) Administration of general anaesthetics for extractions	...	...	...	—
(7) Other operations	{ permanent teeth	159	} Total	...
	{ temporary teeth	6		

Group V.—Uncleanliness.

(a) Average number of visits per school made during the year by the school nurses	...	...	...	6
(b) Total number of examinations of children in the schools by school nurses	...	...	...	34,890
(c) Number of individual instances of children found unclean	...	...	...	3,048
(d) Number of children cleansed under arrangements made by the local education authority	...	...	...	182
(e) Number of cases in which legal proceedings were taken—				
(i) Under the Education Act, 1921	...	...	...	5
(ii) Under school attendance bye-laws	...	...	...	11

TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1931. SECONDARY SCHOOLS.

Number Examined ...				READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.	
				268		180	
Defect or Disease.				Number referred for		Number referred for	
				Treatment.	Observation.	Treatment.	Observation.
Malnutrition	...	...	...	...	12	...	2
Uncleanliness	{	Head...	...	...	...	...	...
		Body ..	...	...	...	...	...
Skin	{	Ringworm	{ Head ...	...	...	..	...
			{ Body ...	...	...	...	...
	{	Scabies	...	...	...	...	...
		Impetigo	...	...	...	...	...
		Other Disease (Non-tub.)	...	..	...	1	...
Eye	{	Blepharitis	...	...	...	1	...
		Conjunctivitis	...	...	...	..	...
		Keratitis	...	...	...	...	...
		Corneal Ulcer	..	...	...	...	...
		Corneal Opacities	...	...	...	...	..
		Defective Vision	...	10	35	6	31
		Squint	...	...	3	...	..
Ear	{	Other Conditions	..	...	...	...	...
		Defective Hearing	...	2	1	2	..
		Otitis Media...	...	2	...	1	..
Nose and Throat	{	Other Ear Disease	...	..	...	...	...
		Enlarged Tonsils	...	...	3	1	2
		Adenoids	...	...	...	..	..
		Enlarged Tonsils & Adenoids	...	...	...	...	...
Enlarged Cervical Glands (non-tuber.)	{	Other Conditions	...	2	1	4	1
		
Defective Speech	..	...	...	...	...	..	...
Teeth	...	...	..	56	...	41	...
Heart and Circulation	{	Organic	...	...	1	...	1
		Functional	...	...	...	...	...
		Anæmia	...	...	...	...	..
Lungs	{	Bronchitis	...	...	...	...	...
		Other non-tuber. disease	...	...	7	...	...
Tuberculosis	{	Pulmonary :—Definite	...	...	..	...	...
			Suspected...	...	1	...	...
		Non-Pulmonary :—Glands	1	...	...	...	...
			Spine	...	...	...	...
			Hips...	...	...	...	..
		Other bones and joints	...	...	...	...	...
		Skin	...	..	...	...	...
		Other forms	...	..	...	...	..
Nervous System	{	Epilepsy	...	...	...	...	...
		Chorea	...	...	...	...	...
		Other Conditions	...	...	...	...	1
Deformities	{	Rickets	...	...	...	...	...
		Spinal curvature	...	...	...	2	...
		Other Forms	..	3	18	20	4
Other Defect or Disease	...	..	..	2	1	4	3

FORM 307/M.

Mental Deficiency (Notification of Children) Regulations, 1928

Statement of the number of children notified during the year ended 31st December, 1931, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ... 12
—

Analysis of the above Total.

Diagnosis.	Boys.	Girls.
1.—(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	—
(b) Imbeciles	3	—
(c) Others	2	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children ... :—		
(a) Moral defectives	1	—
(b) Others	1	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	3	2
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , “ special circumstances ” cases <i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.	—	—
4. Children who in addition to being mentally defective were blind or deaf <i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)	—	—
Number of children notified	10	2